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KEEPING SANE IN A MAD WORLD

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Nearly two centuries ago Thomas Paine exclaimed, "These are the times that try men's souls." He was not the first to express such a sentiment, and certainly he has not been the last! In many respects the words which he uttered then are as true today as when he wrote them. The history of the world has been full of crises and probably on each occasion the crisis has seemed the worst yet. This may seem but cold comfort, for certainly there are many stresses, both internal and external, in our environment today.

At this time, when international relations are strained, we see development of new and ever more terrible weapons and an increase in the armaments of various nations. Daily we are reminded that in the event of another war there would be wholesale devastation of cities and their inhabitants, although a strange apathy and lack of interest concerning civilian defense appear to exist despite these threats. We hear much of a rise in

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juvenile delinquency, and it is reported that alcoholism and drug addiction are on the increase.

Another phase of the general feeling of insecurity is reflected in some of the activities related to the Government's "security program." There appears to be a readiness to condemn those whose opinions differ from ours, and instead a demand for conformity, a tendency to deny the exercise of free inquiry, free dissent and free association, together with a failure to distinguish between subversive activities and what are essentially matters of private morals. Some of the practices which have developed have caused Mr. Justice Black to refer to the system as a "broad, far-reaching espionage program over Government employees," while Mr. Justice Douglas has referred to the use of "faceless informers" as "an un-American practice."

These activities, disturbing as they are to many thoughtful and loyal Americans, are in themselves symptoms of a widespread feeling of emotional insecurity.

As another sign of the times may be cited a recent newspaper dispatch:

> The French League for Mental Hygiene reported today that the world is getting madder—and maddest of all is the American.
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> A report published by the League said one in every 200 Americans, one in every 300 Frenchmen, and one in every 1,000 Egyptians is insane.
>
> Noise and the wild rhythm of city life were given as among the major reasons for the increase in insanity.

However, at least in this field the signs probably do not mean altogether what they seem to say. The growth in the numbers of the hospitalized mentally ill is probably not due primarily to the pace of living, but rather to the fact that more persons are living to a greater age, when the chances of breakdown increase. Far from the increase in numbers of patients meaning decadence, it probably really signifies that those who are in need of such care are receiving it rather than being neglected. Whatever the causes, however, there is no doubt that mental illness is a serious health problem, which costs vast sums of money and incalculable human misery.

There is, doubtless, a pervasive feeling of insecurity, national and international. Particularly, then, today, on the eve of the Geneva Conferences at which the chiefs of State of the "Big Four" are to meet, and when a certain guarded optimism as to the possibility of improving international relations exists, it seems fitting that we should give some consideration to the question of how mad the world really is, and how we as citizens of the world may preserve our sanity, individual and collective, in the midst of the alarms and threats which surround us. Groups, political blocs, nations, and international organizations are after all made up of individuals, and for this reason some comments on individual mental stability are in order. Certainly we cannot have sound standards and behavior in groups and

in nations unless the individuals making up those groups and nations, and particularly their leaders, are reasonably secure emotionally.

From the time we are born until the time we die we are in a constant state of attempting to accommodate our changed and unchanged selves to changed and unchanged surroundings. As Samuel Butler well put it, "Living is nothing else than this process of accommodation; when we fail in it a little we are stupid, when we fail flagrantly we are mad, when we suspend it temporarily we sleep, when we give up the attempt altogether we die. A life will be successful or not according as the power of accommodation is equal to or unequal to the strain of fusing and adjusting internal and external changes." Human beings differ greatly in their powers of adjustment to the demands of their surroundings.

Furthermore, these demands are almost infinite in variety and in degree. They include such varied factors as temperature and humidity, the need of proper food, compliance with various social, familial and legal demands, with economic change, to mention only a few. The child learns very early that there are certain things which are prohibited or frowned upon, and others which are generally approved. He thus early comes to absorb, so to speak, a code of conduct to which we may refer as his conscience. What is taught him as being right or wrong depends very much, of course, upon the customs of the group in which he is brought up, and especially upon the attitude of his parents.

We should always bear in mind that no person resembles completely any other. Each individual is a unique event. Even as to heredity it cannot be said that any, except perhaps identical twins, have precisely the same heredity, since the possible combinations of the genes are almost infinite. There are certain physical factors, such as the color of the hair and eyes and skin, as well as some diseases, which are quite clearly due to heredity. It appears also that the physical structure of the individual has some relation to his temperament and his general set of emotional reactions. Heredity, too, is a factor in intelligence, but in general it is not looked upon as one of the major elements in the causation of mental illness.

Far more important than the heredity of the child are his early relations with his parents and the other significant persons in the family and in his other immediate surroundings. We have learned much recently of the adverse effects upon very young children of early separation from the mother; such separation may set up in the child feelings of insecurity and fears that he is rejected by those to whom he looks for love and support. The attitudes and fears which may be laid down very early in the child may have an effect throughout his entire life. Much indeed depends on the first few years of life as to the path which the child may follow; whether he will become a well adjusted, sound, mature individual or whether he will become neurotic, psychothic, or delinquent. We know now, thanks largely to the discoveries of Sigmund Freud, that everything which happens to a

person, either early or late in life, leaves its trace, even though it may be thought to be "forgotten." Actually the unconscious is always at work, and complexes, the bases of which may not be clear in consciousness, may develop which later on will exhibit themselves under conditions of stress in phobias or anxieties, feelings of suspicion or distrust, or in general nonconformity.

It may be pointed out here that conflicts and complexes are universal experiences. Everyone has them. The question is, how will he deal with them or how will they deal with him? Probably many more of our actions and words are conditioned by unconscious factors than we like to think. This is not to say that reason plays no part in our everyday life, but certainly it is a fact that the main driving force of life is emotional, rather than rational. Indeed, all our perceiving, acting, and thinking are colored and influenced by emotion. Reason to a large extent furnishes only the steering apparatus and the brakes.

Each person, then, has his own mode of reaction to any situation. His reaction is peculiar to him and is based on his own motivations and his own capacities for integration. Nor is his physical state to be disregarded. If he is in a state of good health, and is well nourished and rested, his reaction to a stressful situation is likely to be considerably different from what it would be if he were physically ill or fatigued. Conversely, his reaction to stress many manifest itself in physical symptoms. We have heard much of late about psychosomatic medicine, yet there is nothing essentially new in the concept. Common speech has abounded for centuries in such phrases as "My hair stood on end," or "my heart was in my mouth."

The physical body and the emotions are closely interrelated, and each affects the other. It is true that emotions may bring about physical symptoms of one sort or another, but it is equally true that physical disease may cause emotional changes, some of them indeed quite profound.

Probably the only time when we have no unmet desires is in the period before we are born. From the moment the child comes into the world until he dies there are some desires which cannot be fulfilled in exactly the way he would like. In other words, frustration, like conflict, is a universal human experience.

There are various ways in which situations may be solved. The direct method of satisfying hunger, for example, would be to break a window in the baker's shop and steal some bread. That method, however, is not socially acceptable; instead, one is expected to earn the money with which he may buy the bread. When the direct method of solving a situation is impossible an indirect method has to be found, or goals have to be substituted. Situations are always arising in which some stress is inevitable. A life without stress is unthinkable. In fact, the only person who has no stresses is the one who is dead! Most persons find acceptable and construc-

tive ways of meeting such situations, but there are some who on account of their previous makeup, their native endowment (or lack of it), and experiences take refuge in physical symptoms and anxieties, in psychoses or neuroses, or in criminal conduct.

One way of reacting to a problem, which apparently is all too common, is that of denying reality or attempting to escape from the reality in some way or other. Alcoholism and drug addiction are notable types of escapism, socially unproductive, harmful to the individual and far from being acceptable. They are, indeed, pathological. Some persons beat such an emphatic retreat that they even lapse into a condition in which they do not even speak or eat or move. They, of course, are proper subjects for the mental hospital until they can be restored to a capacity to face situations.

Another type of immature reaction is what is known as regression, that is, the return to an earlier and more primitive method of reaction, which was found perhaps in childhood to be effective. The person of this type is inclined to let father or the father substitute, such as the Government, make the decision for him. Regression is found in its extreme form in some of the types of schizophrenia, in which the patient may act and think as a very small child.

Still another type which is all too common in these days is what is known as projection, namely, the fastening upon others of the blame which really belongs on one's self. Very often the other person is blamed because the patient himself cannot face his own forbidden desires. This is the attitude of the paranoid personality; the person who looks upon others with suspicion and accuses them freely of traits which sometimes are all too evident to everyone else as existing in the accuser. There are many types of immature reaction to stress, and these are only a few illustrations of them. It should be pointed out, too, that everyone has his breaking-point, and that stress may become intolerable even to the most mature, the strongest, and the best balanced. We have seen examples of this in some of the recent cases of the so-called "brain-washing" in Korea.

Perhaps a word is in order concerning the emotion of fear. No one is ever completely free from fear; indeed, fear has its useful aspects. There are many things of which man must be afraid and against which he must protect himself. Gibbon remarked that "man has much more to fear from the passions of his fellow-creatures than from the convulsions of the elements." He must, however, fear the elements; he must fear his fellow man on occasion, too. He must fear hunger and disease and death. If it were not for fear we would not have insurance, or savings accounts, fire prevention, methods of preserving food, of heating or cooling our houses, and so on. Some of the fears, however, which plague individuals are irrational, and awake echoes of unconscious and long since forgotten early experiences. Such fears may be projected upon our fellow men, or render us abnormally suspicious, or make timorous cowards or neurotics of us. We cannot abolish

fear; we cannot abolish all the causes of stress, but we can learn to develop a mature attitude toward them.

What do we mean by emotional maturity? Dr. Karl Menninger defines it as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. "It is the ability," he says, "to maintain an even temper and alert intelligence, socially considerate behavior, and a happy disposition." That sounds easy, does it not? For many people it is attainable, probably indeed for most people, and those who may not be sure that they are emotionally mature can, I think, do something about it if they attempt at least to analyze some of the criteria of the emotionally mature person and wherein they fall short in achieving them.

First of all, a healthy-minded man must have the will to live. There are those who lose this will, and unfortunately a fair number of them commit suicide. We look on suicides today not as criminals, as was the case formerly, but as mentally ill. On the subject of the will to live Albert Schweitzer has an enlightening comment. He says, "there is in each of us the will to live which is based on the mystery of what we call taking an interest. We cannot live alone. Though man is an egoist he is never completely so. He must always have some interest in life about him; if for no other reason he must do so in order to make his own life more perfect." [1] The will to live, then, is basic.

In the second place, the healthy-minded man should ideally be able to enjoy normal biological functioning. No one is perfect physically, and many persons are not in sound physical health. Many persons, however, have faced great handicaps and have made excellent compensations for their shortcomings physically so that even they have exemplified emotional maturity in spite of not being superior physical specimens. In general, however, the saying attributed (although with doubtful accuracy) to the Romans, "a sound mind in a sound body," is well founded. Again, the mature person should strive to "stand on his own feet." He should have a considerable degree of self-reliance, although of course no one is wholly the "captain of his soul." He should attempt to maintain an adequate independence of circumstance and of environment. "Neither walls, theatres, temples, nor senseless equipage make states, but men who are able to rely on themselves."

Next, he must be ready to face conflict, whether internal or external, with a minimal recourse to evasion. "This involves," says Crichton Miller, an English psychiatrist, "all tedium, frustration, insecurity and vicissitude from which men try to escape by active distraction or passive anesthesia."[2] The important point is that when one is faced with a conflictual situation he should face it and do something about it rather than trying to run away from it.

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[1] *The Schweitzer Anthology,* Beacon Press, p. 250.

[2] "The Stewardship of Mental Health," *The Lancet,* June 1, 1935.

But this is not all. The healthy-minded man must have a scale of values whereby experiences and memories that have purpose and significance are preferred to those that lack them. To quote Miller again, "Man can only find permanent contentment by living on a plane that is in some degree higher than that of the instinct-driven animal. He must have some sort of religion or philosophy, some perspective as to his relation to the universe and the powers beyond it." [3] It is no mere accident, as Dr. C. G. Jung has pointed out, that *no* culture has ever existed which did not have a religion of some sort. Unless there is the recognition of a superior force in the universe, whether it be called God, Jehovah, Allah, Nature, or whatever else, that lack is indicative of a faulty perspective as to the individual's place in the universe. Although there have been times in the not too remote past when religion and psychiatry have been inclined to view each other with some suspicion, there is no question today in the minds of psychiatrists of the need of a religious belief in maintaining mental health. As Father James Van der Velt of this city has said, "Sincere religious convictions are a powerful therapeutic aid to the preservation of mental health, although they are not an infallible panacea."

Religion, of course, does not consist entirely in the recognition of the relationship between man and the powers of the universe. It is intimately tied up with ethics and with a philosophy of attitudes towards one's fellow men which are best exemplified in the Golden Rule and Jesus' Commandment "that ye love one another as I have loved you." Confidence in one's fellow man, a tolerance of his idiosyncrasies, a recognition of the reciprocal obligations of those of us who are on this planet together, are basic to a truly religious attitude. As Schweitzer, himself perhaps the most outstanding exemplar since St. Francis of Assisi of the qualities of gentleness and love that we like to associate with Jesus, says, "However much it struggles against it, ethics arrive at the religion of Jesus. It must recognize that it can discover no other relationship to other beings as full of sense as the relationship of love." [4] A similar thought is expressed in the words of Crichton Miller thus: "No one can be regarded as healthy-minded who fails to accept his herd-status as one of reciprocal obligation in these days when so much stress seems to be laid on rights and so little on duties." [5]

Some of the desiderata of emotional maturity were well expressed over 300 years ago in a prayer by Robert Burton which occurs in his "Anatomy of Melancholy": "From all blindness of heart, from pride, vain glory and hypocrisy, from envy, hatred and malice, anger and all such pestiferous perturbations, good Lord, deliver us." The attainment of maturity takes time, and the process must start early in life. The achievement of maturity calls for wisdom on the part of parents, teachers, religious leaders, physicians, and all who have a responsibility for guiding youths and adults. If

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[3] *Ibid.*

[4] Schweitzer, *op. cit.*, p. 237.

[5] Miller, *op. cit.*

we are to have a mature democracy we must have mature individuals. If we are to achieve that aim we must, both for the happiness of the individual and of the world, disseminate sound principles and practice of training and education. As Doctor Leroy Maeder of Philadelphia remarks, "Democracy rightly assumes that mature free men can get along, work and live together in peace and mutual prosperity and will work out their problems by the process of discussion, reasoning and constructive compromise."

There is no need to be unduly pessimistic about the future of mankind. As a matter of fact, those who are in close touch with the emotional difficulties of people are impressed with the resiliency of the human organism, with its ability to stand stresses, both physical and emotional. Three centuries ago that wise and well-loved physician of his day, Sir Thomas Browne, said in his little volume, *Religio Medici,* "That general opinion that the world grows near its end hath possessed all ages past as nearly as ours." Yes, the world has seemed mad and headed for destruction many times before, but each time it has not only survived but come through sounder and stronger than ever. Man has gained assurance, self-reliance, and strength, and despite all the trials and threats and strains of the present we may still be confident that civilization will not only survive but will continue to progress onward and upward.

THE MINISTRY OF COUNSELING

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The Institute of Pastoral Care, with its hundreds of trainees from accredited training centers serving in institutions all over the land, certainly deserves the congratulations of all those who are concerned with the application of psychoanalytic insights to the ministry.

Although Freud himself, in his three books dealing with religion, *Totem and Taboo, Moses and Monotheism,* and the *Future of an Illusion,* saw the issue as psychoanalysis *versus* religion, we have come to think of it in terms of a cooperative venture, psychoanalysis *and* religion. Though we may differ completely from Freud in his estimate of religion, we dare not minimize what the understanding of the *unconscious,* the vast realm which he opened up, has contributed to religious work and religious workers.

Understanding the unconscious and its contribution to the motivation of human behavior can greatly increase the effectiveness of the ministry. Understanding the people with whom we must deal places into our hands stronger instrumentalities for helping them. Understanding ourselves, gaining a key to our own unconscious, is a harder thing, but many among you no doubt know from personal experience that it is well worth the long hours and effort which it requires.

There is a great difference, however, between understanding the unconscious (which can be of great help in the ministry of counseling) and manipulating it (which is the essence of psychotherapy). The latter requires not only *aptitudes,* which not all of us possess, but *skills,* which can be acquired only by long and arduous specialized training and experience.

It is proper, therefore, that the implications of the title, "The Ministry of Counseling," be examined fully.

One could divide the ordinary functions of the minister into two large groups. One group comprises his function as a priest—using the term in a

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non-denominational sense for one who administers the rituals or sacraments of a religion, whatever it happens to be. He is the representative of God, so to speak. He preaches, teaches, and serves his particular church, or denomination, or both, in his parish, in his community in general, and in the world at large.

The other broad aspect of the ministry is the function of the minister as a pastor to his people, in which he concerns himself with their individual problems and their special needs. The pastor gives personal counseling when his people turn to him for help and guidance, and he is available to them on special occasions of sorrow and of joy, also in fixed situations like confirmation and marriage, when people naturally turn to the church for personal ministration. Also, there are parental problems, things relating to child rearing, and what might be called the age-and-stage-of-development areas, in which the minister is called upon to help. Other areas have to do with personal conflicts, tensions, and feelings of frustration or inferiority. Here one borders on the sort of thing for which some people turn to psychiatry, but many turn for counseling to their ministers instead.

The factor of geography is also important. There are many communities—a large group of small towns—where there are no mental health facilities, no social workers, no other similar professionals. In such communities, the minister may be the only person who has a degree of special training, or at least some feeling of responsibility, to whom people can turn. Every minister in every little town, as a man of God, is, almost by definition, dedicated to the people and their problems, no matter what his denomination, or the color, creed, or financial status of his group.

One can see, then, that of these two important functions of the minister, the priestly and the pastoral, the second is definitely contiguous to the psychiatric sphere of activity. It is from this contiguity that difficulties may arise. Perhaps fifty years from now all our procedures and concepts will be very clear but right now we are in a state of uncertainty about many of these things. It is important, therefore, that boundaries be marked between the minister and the psychiatrist in dealing with the troubles, concerns, and conflicts of human beings, and that the differences between counseling and psychotherapy be made as clear as possible.

Now, what can the minister legitimately do as a counselor, in his role as a pastor?

A minister offers advice. A psychiatrist does not. It is often good advice, and may be received gratefully and put into practice by congregants. Sometimes the minister offers rebuke and correction. People expect—sometimes they demand—that the minister tell them when they have committed wrongs. Moral wrong is, of course, the special jurisdiction of the minister. The minister also gives solace and comfort to people who are in distress, who are bereaved, who are depressed. He also may give specific help in

crises. The minister, in many such instances, plays the role of a social work or relief agency.

It is hardly necessary to emphasize here that, even if he gives only very general and vague help, he is still a listening ear, while someone talks things off his heart. In the very act of listening, he gives the person a feeling of worth and recognition because, whatever his denomination or theology, he represents, in the minds of his people, God, the great all-powerful Father of Fathers. The role that father-images play in the dynamics of behavior is now quite well understood, and no minister is exempt from this responsibility.

The minister, as has often been pointed out, can also do something else which is very important, that is, tie the individual into larger contexts; he views the person in relation to others, his present difficulty or distress in relation to his past history and his future—perhaps even to his destiny—and his larger aspirations and goals. The smaller problem is seen in terms of larger concern; the personal in terms of the universal. Because the minister is interested in the why's and wherefore's of existence, as well as in the more mundane aspects of life, he can often lift an individual out of the Valley of Despair, give him a goal, and foster his inner courage and strength.

The minister, as you have all, no doubt, experienced, can often help to restore the judgment of an individual in a crisis where judgment is shaken. He can help a person rediscover and refine his objectivity. He can sometimes even manipulate the environment, when he finds a situational difficulty creating or aggravating a person's troubles. The minister has an organization behind him, and he can tap special resources when this is necessary or desirable.

Let us not forget, also, that a minister is dedicated to the proposition that prayer is efficacious. There is no denying that prayer plays a very important role in improving the feeling of security of many people who have been raised in a religious context. Even many "backsliding" individuals, who in times of health may not acknowledge any need for prayer, or may even completely remove themselves from the church, reach out again for this type of solace when assaulted by disease or misfortune, whether physical or emotional. The minister is there, either to pray for the patient himself, or to help the patient to pray.

Psychiatry could certainly not take exception to the fulfillment of this type of function, which clearly falls within the proper province of counseling, by ministers. There is implicit within it only "the cure of souls," not the practice of psychotherapy, which is a branch of the medical field of psychiatry.

The importance of maintaining sharp demarcations between these two fields becomes particularly clear if it is borne in mind that the minister, in

approaching the psychiatric function, must have, almost by definition, a number of conflict areas which will inevitably hamper his work. He is not only committed to a system of values, to a moral code, but dedicated to the advancement of it by his teaching and his preaching, by all of his ministry. He cannot sit in an office or at a bedside with a patient, as psychiatrists do, and be non-judgmental, shuffling off, if I may take a liberty with the expression, his *moral* coil, and then be judgmental again, in the sense of using his moral convictions as his point of reference, as soon as he steps onto his pulpit. This could create a sort of schizophrenic fluctuation within him which very few men, it must be agreed, can handle.

There has to be a certain consistency in a man's orientation, and if one assumes that a person can shed his values in a moment, the basic integrity of our inner selves and of our calling is diminished, whether we be ministers or psychiatrists. The psychiatrist, too, may have high moral standards, but his system of values is a private affair; he does not stand before the public as the teacher and advocate of the moral law, as does the minister. Where his personal principles and the moral obligations of his therapeutic efforts with patients coincide with those to which the minister would also subscribe, as they do far more frequently than we realize, their source may, nevertheless, be very different. The psychiatrist looks to science for guidance; the minister derives his code from revelation.

The minister who serves as a chaplain in any institution must feel himself always to be a minister. Anything which leads to confusion as to what his role is, cannot but diminish his effectiveness. Hence, he cannot shift roles in a flash, and become a doctor, a psychiatrist, or a social worker, when he walks onto a ward. His function, his frame of reference, his state of mind, and even his garb, should remain that of a minister. He cannot, either literally or figuratively, "wear a white coat." Neither can he, in making pastoral calls in the homes of his parishioners, carry either on his back or in his mind a portable couch, like the psychoanalyst in the cartoon.

Furthermore, the psychiatrist belongs to the few people to whom he ministers. This group is his community, and it may number, at most, a dozen or two. The minister may have thousands in his. The minister belongs to everybody. He cannot limit the number of people in his field of operation the way a psychiatrist can. That means he is torn this way and that.

Again, he is committed, not to a single role, as is the psychiatrist, but to a multiple role. He must be teacher and preacher, pastor and community leader, and so on, ad infinitum.

When closing time comes to the psychiatrist, he takes off his "white coat" and goes home to his family. He then belongs to his family. The minister cannot take off a white coat. He would not do so, even if he had one. He belongs to his people, no matter when, not only through a sense

of duty, but also through the sense of devotion and consecration which leads him into the ministry in the first place.

Neither can he isolate himself from the involved parties, as the psychiatrist can. The psychiatrist can say to a husband who calls about a wife who is in therapy, "I'm sorry, I can't discuss this." But the minister cannot stand in this same relation, not only because of the demands which all of his people have a right to make upon him—including the family and friends, but also because in many instances these very people control his position, salary, and tenure.

The minister's aim is to serve, to help his people. He becomes directly and intimately involved with them and with their loved ones. He likes them, and is liked by them, and has no reason to ward off either reaction. He does not aim to maintain isolation as a personality, nor is complete objectivity necessary in his dealings with his people.

While the psychiatrist, too, belongs to the group of service professions, his effectiveness depends upon exactly the opposite characteristics. He can only help his patients indirectly, by increasing their insight so that they may help themselves. He cannot become involved with them outside of the therapeutic situation, and must strive for complete isolation of his personality and private life from his patients. His objectivity is not only essential for proper functioning, but it is one of the greatest assets which he brings to his patients. The moment he begins to feel any strong likes or dislikes for his patient, he regards it as a warning signal, a red light telling him the track is *not* clear ahead.

The minister is lauded by others, and feels good inside himself, if he is consumed by a great zeal for service to his fellow men. That is his mission in life. The psychiatrist, on the other hand, is wary of what he calls "therapeutic ambition" and goes back for more sessions on the couch, if he finds too much of it cropping up within himself, or if he grows too pleased with the rapidity or the cleverness with which he gets results.

The minister is accustomed to speak with the voice of authority, as the representative of God, or of the moral law. The psychiatrist avoids all exercise or semblance of authority with his patients. A somewhat jocular paper which recently appeared in the *American Journal of Psychiatry* was entitled, "Omniscience—the Occupational Disease of Psychiatry." The psychiatrist regards it as pathological if it crops up within him in too strong a dose.

To the psychiatrist, the therapeutic situation is not a hit-or-miss proposition which you can do one way and I another. Even allowing for plenty of individual variation, it is still a controlled technique which has a dynamic and a goal, and a pattern.

One does not start off by seeing a patient once a week, and then ten times a week, or once in ten weeks; the psychiatrist does not see him for six minutes, and then for six hours, as the minister may do.

Therefore, the situation is much less amenable to disciplined, scientific procedure in the case of the minister than in the case of therapy at the hands of a psychiatrist. And the psychiatrist has enough trouble—even within the controlled pattern in which he operates and with all his training—in knowing what he is doing and why the things that happen do happen.

The minister can also operate without a diagnosis. His only diagnosis is need—"This person needs me"—and he is there to do whatever he can in the situation. The psychiatrist cannot very well operate without a diagnosis. He may have to do so sometimes; or he may have two or three diagnoses, but he cannot respond with his instrumentalities on the basis of need alone. He must define what he is dealing with before he gets into dealing with it, so that he may bring out the proper tool and use it in the proper way.

That there are dangers in getting into too deep a level with a patient, all psychiatrists know. There are also dangers in handling people without understanding the dynamics of their problem. For example, if a depressive comes in and he is told, "Buck up, old man; you're wonderful, you're really a great guy," you know what happens. He is just driven deeper into his depression. The cause of it is the introjection or "swallowing" of a hated object, who is then beaten inside the person of the depressed one. Any compliment which is offered is taken as applying to the hated one who has been swallowed, hence the person must beat all the harder on the drum of his own psyche. Yet the minister's natural impulse is to cheer the person who is in a depression.

Or, take a person who acts out. If the doors are opened for complete emotional abreaction, you know what happens. The young man who suddenly learns that his continent behavior was fear-inspired rather than genuinely moral may, if not restrained from acting out, go on a licentious binge before he can take up a new, more mature stance, as he would otherwise do in time.

Similarly, a person without specialized training is apt to try to handle a phobic with simple reassurances. We all know how effective this is when a child comes crying to us that there is a bear in the room. We open every door, and look under every bed, and prove to the child beyond any doubt that there is no bear in the house. Then, two minutes later, the cry, "There is a bear in my room," resounds through the house again. Only when the child comes to understand who the bear is, or when the bear—her father—gives her the interest and attention for which she is starving, does the troublesome symptom disappear.

As another example, overdependency, a common characteristic, can be very flattering to a minister. Mrs. Jones and her whole family look to him, need him, and depend upon him. He feels very good. Or, a masochist will try to elicit punishment, to "get the devil" from the minister, a thing which he desperately wants and needs. Many ministers are trapped into

supplying such needs when they function in this area without being fully aware of the dynamics.

Psychiatrists also know how unconscious sexual seduction may distort and confuse therapy which is not soundly rooted. Sometimes an overt or sub-surface homosexual attraction or, in the case of a shallow affect, a free-floating heterosexual attraction crops up. Ministers may get into trouble with that kind of situation if they do not know what is going on, and how to handle it. When hostilities—or infatuations—are engendered, not only in the patient, but also in members of the family—in siblings, a parent, or a husband or wife—as happens often in the therapeutic situation, the minister is apt to be buffeted about by forces which he cannot control.

There are psychiatrists who have had the experience of pushing a person into suicide—of course, unwittingly. The patient interprets too great an ego-demand upon him as proof that he is unworthy. He feels he would not be pushed so hard if the psychiatrist didn't feel that he needed to be pushed; that proves to him that he is unworthy, and the downward road is all paved. Without proper training, such situations may lead to tragedy oftener than need be.

Those are some of the hazards, but at least psychiatrists are trained to avoid them, and are clothed by law with responsibility for their actions. I cannot emphasize the latter too strongly.

If you should come to me and say, "Take out my appendix," I am authorized to do it. My licenses from the States of New York and Ohio read, ". . . to practice medicine and surgery." Of course, you would probably qualify for admission to a mental institution if you ever did so, but I am nevertheless authorized by law to do appendectomies. Furthermore, you have the remedy of suing me for malpractice if I don't do a decent job. Like most other psychiatrists, I pay a premium on over a half-million dollars of malpractice insurance to cover this eventuality.

Psychiatrists are licensed physicians operating in the specialized area of psychiatry. We have the right to make diagnoses and then prescribe and administer treatment. We have fulfilled requirements, passed examinations, and complied with the law. Some of us have gone even further, earning the designation "qualified psychiatrist" or passing examinations of the National Board of Psychiatry and Neurology.

As long as the minister sticks to counseling, there can be no conflict and no danger which does not lie within the ordinary hazards of any profession. The trouble comes when a minister with a bit of training in psychology or a few months of clinical pastoral training conceives the wish or feels the "call" to become a therapist to his flock, exceeding the boundaries of the ministry of counseling.

If he wishes to be a therapist, there is only one really satisfactory way to do it. That is to go and study medicine and get himself trained as a

psychiatrist. Then he can function effectively, synthesizing his contributions in both fields. If he does less than this, he is in dangerous territory. There are fine, outstanding examples of people who have trained themselves to function in more than one area. One could not wish for a finer example than an Albert Schweitzer, of whom several professions are justly proud, and in none of which he was self-appointed.

Or else, if he does not wish to devote the time necessary for the study of medicine, a minister can function safely in a quasi-therapeutic capacity, getting non-medical training as a therapist with the understanding that he will work only in institutional settings under the close supervision of psychiatrists. He does not make a diagnosis or prescribe—which is, of course, the crux of the matter legally—nor does he determine the course of the therapy that needs to be done. Likewise he does not engage in private practice, not even if it is inside his own church and without charging a fee. He works in a fixed institutional pattern in a properly supervised role assigned to him by others who have had the requisite training, are licensed, and bear the responsibility which the law puts upon them. In this situation, he may safely do psychotherapy.

This role represents an area of great need at the present time, as well as of great promise and personal gratification for those who can undertake the training. The others would do well to stick to the ministry of counseling.

That summarizes the areas of interrelationship between psychiatry and the ministry of counseling. Though the boundaries need to be made and kept very sharp, in my estimation, these areas symbolize the growing border, the fertile edge of this new interrelationship. It is from the tender epiphysis alone, the part that is most easily and painfully injurable, that strong bone grows.

As has been said: In a hospital situation, you don't cure people with buildings or equipment, you cure people with people. Properly conceived and controlled, the ministry of counseling can be a fine adjunct to psychiatry in curing people with people.

THE FUNCTION OF THE PSYCHIATRIC CHAPLAIN

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The term "psychiatric chaplain" is relatively new, although the more general term of "clinically trained chaplain" has been used for some years in all types of hospitals and correctional institutions. However, Kansas does have the Civil Service Classification of Psychiatric Chaplain, and to qualify for this position a minister must have at least one full year of clinical pastoral training in addition to his theological education. This training for the psychiatric chaplain includes the study of the dynamics of personality, the nature of mental illness, and the relationship of religion to illness and to health. It consists of formal class work and clinical work in a hospital setting under the supervision of a psychiatric chaplain and the hospital staff of psychiatrists, psychologists, psychiatric social workers, etc.

In this paper we shall discuss the specific tasks of a psychiatric chaplain for the purpose of understanding how his work is related to the work of other members of the psychiatric team. In general, the chaplain's task is to care for the religious needs of patients. However this can be understood only in terms of the emotional condition and the total needs of patients.

It is common knowledge that the mental patient is, as a rule, one who has suffered serious hurt in his interpersonal relations, one who is extremely anxious and fearful, one who may have feelings of guilt and shame, one whose self-esteem is impaired. For such a person to be visited shortly after being confined to a mental hospital by a minister who is capable of relating to him in his condition, is a source of comfort and support. This pastoral call on a newly admitted patient we call the "initial religious interview" [1] The minister introduces himself to the patient as the hospital chaplain and, in the main, lets the patient make of the interview what he wishes. A few leading questions may be asked about the patient, his home and family, his church and community, but these are neutrally phrased so that the patient can deal with them in any way he desires. The general technique is that of reflecting the patient's responses and never probing for information. The chaplain is the only person coming to the newly admitted patient who is

A paper delivered in a series by various professional groups within the mental hospital in an attempt to define staff functions.

[1] For a discussion of the initial religious interview, see "The Role of the Chaplain in Patient Relationships: Initial Religious Interview," by Chaplain Ernest E. Bruder, in this *Journal,* Vol. VII, No. 1, Spring 1953, pp. 37-41.

not under pressure to find out something, for the psychiatrist and the psychologist must, if at all possible, gain much information in order to make a diagnosis and to plan treatment. The patient is, of course, extremely anxious, whether on a conscious or an unconscious level, and usually rightfully so since there is so much to be found out and since he has a desperate need to defend himself against the full awareness of these feelings and the anxiety which accompanies them. The responses of patients to the chaplain are as varied as the individuals approached, but a large number express gratitude for the opportunity to talk to someone who they feel comes as a friend to offer support in a time of stress. In the course of conversation a patient may tell many of the same things he communicates to other staff members, but such revelation is primarily in the context of telling an understanding pastor how he feels about being ill and being confined in a mental hospital. Sometimes a patient reveals information and feelings which he has not disclosed to others, or relates in a different way to the chaplain, and this material may be contributed to the case conference. Frequently the chaplain is able to assure the anxious patient that he can have confidence in the staff, but often just listening to his fears is the best type of reassurance.

The pastor or priest has, in our culture, a certain position of authority. Many people feel that he is one to whom they can tell their troubles and from whom they can receive help. Many, in their desperate search for help, their immaturity, and sometimes their magical way of thinking, feel that the pastor or priest has some supernatural power. Such feeling may influence a patient to pour out his story to the chaplain and to ask his help. On the other hand, his experience with ministers may have been very negative and he may react to the chaplain with hostility. In either case, it is important that the chaplain be aware of what is happening dynamically to the patient and in the relationship with him, and he must work in close cooperation with the entire hospital treatment program if his efforts are to aid in the healing process.

To understand the work of the psychiatric chaplain it is necessary to discuss briefly the function of religion in life. Religion is not something apart from the total life of a person but is an integral part of it. This is true whether we are discussing the individual's religion—his philosophy of life or the framework of meaning by which he integrates his experience, his set of values, his object of devotion—or discussing institutional religion. Religious sentiments are closely bound up with feelings toward self, toward members of family, toward society. And the real question from the psychological standpoint is not "What is a person's religion?" but "What does this mean dynamically to him?" In other words, "How does his religion fit into his total character structure?"

Freud, for example, pointed out that religious sentiment, basically, may be an extension of one's attitude toward one's father. This, of course, would logically lead us to expect that repressed animosity toward the father would be reflected in a hatred of religion. Whatever one's religious attitudes, they will be related dynamically to the total personality structure

in terms of the person's needs. These may be dependency needs, erotic needs, need to express hostility, need to excel, need to be punished, need to organize life into neat rigid patterns, need of external or internal controls, need for a permissive atmosphere in which growth may take place, etc.

For some individuals religious attitudes represent the most immature aspect of their personalities. There is often less pressure on a person to become mature in religious feelings and ideas than there is in other areas, and churches sometimes foster immature concepts. Other individuals find the greatest stimulus to emotional growth in religion and are more mature in this area than in others. However, the religious feelings and attitudes of an individual do not exist in isolation but in dynamic relationship with all aspects of the personality.

Religion and mental illness (we are speaking of neurosis and the so-called functional psychoses) are closely related in that both have to do with attempts at adjustment to life and to reality. Freud interpreted this relationship at one point by saying that religion is a mass neurosis.[2] Erich Fromm had a better explanation perhaps when he suggested that neurosis is in a sense a "private form of religion."[3] In other words, neurosis is an attempt to fit feelings and thoughts and experiences into a framework of meaning. Both religion and neurosis can represent attempts at integration. In this regard, Anton Boisen writes about the similarities between psychosis and religious experience.[4] There is a likeness, it seems to me, because both can represent problem-saving experiences or attempts to find some salvation from the chaos of the unconscious. This is to say that every symptom in religious experience and in mental illness, no matter how good or how poor a solution or compromise, represents an effort at integration, a grasp for some belief or framework of meaning or set of values to save one from intolerable anxiety. This similarity of function, between religion and neurosis and psychosis, in itself says nothing about the relative value of each pattern of adjustment nor of the effectiveness of each attempt at integration. However, for us to view both religion as it functions in the life of the individual and neurotic and psychotic reactions in terms of the dynamics of personality, is to increase our understanding of the problems of patients and to enable us to give them greater help.

A recognition of this relationship leads us to a discussion of the place of the psychiatric chaplain in the treatment program. We have seen that he makes only a minor contribution to the diagnosis as a by-product of his initial religious interview, but he is trained to understand the meaning of the diagnosis made by the psychiatrist and psychologist. From the very first he is concerned with treatment. He seeks to give support to the newly admitted patient so that the patient may be able to make use of whatever

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2 For study of this see, Freud, Sigmund, "An Autobiographical Study," "Civilization and its Discontents," "Totem and Taboo," and "The Future of an Illusion."
3 Fromm, Erich, "Psychoanalysis and Religion," Yale University Press, 1950, p. 27.
4 Boisen, Anton, "The Exploration of the Inner World," Harper and Brothers, First published 1936.

inner resources he does have, and he seeks to make available to the patient any religious resources that might help him.

Now we may ask how, specifically, does the psychiatric chaplain fit into the treatment program.

1. He works with certain individual patients in some kind of pastoral counseling relationship. These patients will usually be those who for some reason or another relate best to a minister or to the specific chaplain, or those whose backgrounds enable them to work through their problems in religious terminology or religious symbols. His work is called "pastoral counseling" rather than "psychotherapy" because of some inevitable tensions that exist between the clergy and the medical profession, particularly psychiatry. The basic techniques of psychotherapy have been used in part by the clergy for many years, often with little or no scientific knowledge of what was going on between pastor and parishioner. Modern psychology and psychiatry have not only improved the techniques of counseling but have also given a scientific understanding of the emotional life of the individual and of the deeper meaning of the relationship between priest and parishioner or doctor and patient in a counseling situation. But, in part just because the roles of priest and medicine man are so closely related psychologically, there continues to be some tension where there should be only collaboration.

Gordon Allport, in *The Individual and His Religion, a Psychological Interpretation,* writes:

> Psychotherapy, for all the progress it has made, is still a young art. Practitioners are few. The techniques of treatment are not yet well tested. A few devices like sedation, shock, or surgery, are technically specialized. But for the most part psychotherapists employ implements borrowed from the clergy. The reason is simple enough; until recent times the church alone dealt with troubles of personality. The borrowed devices include listening, encouragement, advice, and the relationship of transference wherein the applicant finds security in dependence on his counselor. Historically the church has employed also the Sacrament of Penance, and although the ritual of the confessional is certainly different from the ritual of the analyst's couch, the element of similarity is still apparent.[5]

This is only partly true, it seems to me, because as mentioned above, psychotherapists have gone beyond traditional methods of the clergy. However, since we are seeking to define the role of the psychiatric chaplain, it is well to note that these tools are not foreign to his profession. Allport goes on to point out that the analytical nature of science makes it difficult for science to do its best job in the field of psychotherapy for this requires love, and modern science represents a flight from tenderness. "By contrast, religion—especially the Christian religion—offers an interpretation of life and a rule of life based wholly upon love." [6]

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[5] Macmillan, New York, 1951, p. 77.

[6] *Ibid,* p. 81.

Rollo May, Congregational minister, psychologist, and lecturer at the Washington School of Psychiatry, has pointed out that the natural inclination and training of the minister, coupled with adequate training in the science of psychiatry, may make an excellent background for a psychotherapist. From the viewpoint of psychiatry, Dr. Karl Menninger points to the need on the part of the psychiatrist to have a rich background in philosophy and religion, and at the Menninger Foundation School of Psychiatry residents have the opportunity to participate in seminars on the study of the Bible and on the relationship of religion and psychiatry.

In many ways counseling, or psychotherapy, is more of an art than a science. It is really a practice where art and science or religion and science meet. In psychotherapy, the doctor, who in many respects is primarily a scientist, also becomes priest and father figure to the patient; and the pastor becomes not only priest, but also healer or doctor to the parishioner. We of course do not forget the important fact that you cannot separate the psyche and the soma, and the psychiatrist is the only one trained to understand the physical aspects of mental illness, whether they be cause or effect. Thus he will remain the most competent person to deal with mental illness and must be the supervisor of the psychiatric team.

Practically speaking, the psychotherapist, whether he be doctor or minister or psychologist or social worker, etc., is capable of giving real help to the emotionally disturbed only to the extent that he is clinically trained in dynamic psychology or psychiatry and grounded in an understanding of the religious life. He also must be capable of mature loving interpersonal relationships. For religious attitudes without intelligent objective evaluation may do harm, but science without love cannot heal emotional disease.

It is also well to point out that there has been a cultural lag in religion and that until recent years the clergy who, for good or ill, deal with the emotional problems of many people have been blind to the great contribution of dynamic psychiatry. However, this situation is rapidly changing and training in pastoral psychiatry is becoming an integral part of theological education.

Actually, there is more work to be done helping people than can be accomplished by the combined efforts of all professions. The clergy should look upon psychiatrists, psychologists, and psychiatric social workers as their best allies and vice versa, for properly trained parish clergy can do much to help prevent mental illness, to see that, when it does occur, it is diagnosed and treated early by referrals to psychiatrists, and can deal with many pressing problems that will never reach a psychiatrist's office.

Coming back to the role of the psychiatric chaplain, in the hospital setting he does counseling or psychotherapy under the supervision of the psychiatrist. As indicated above, he works with those individuals who are referred to him by the staff for counseling or psychotherapy because it seems that he can best meet their needs. Whether he uses supportive, sup-

pressive, or expressive psychotherapy will be determined by the needs and potentialities of the patient.

2. The chaplain uses religious resources to help strengthen whatever line of defense or defense mechanism the person is best able to use. This may help stabilize the patient on the level on which he can best operate at the given time. While this strengthening of defenses might be considered as coming under the heading of psychotherapy, it is different from what we usually think of as psychotherapy and may, rather, be a part of what is often called "milieu therapy." In cases in which it is possible for the staff not only to carry on diagnosis but also to plan treatment in addition to somatic therapies of insulin and electro-shock therapy, the chaplain can be a part of the treatment program. For the chaplain should be able to help people use religion in the way that is most helpful to them in terms of their limitations and potentialities. Some patients can be expected to function only on a very dependent level, leaning heavily for support on some kind of parental figure. Although this is not religion at its most mature level, it can be used effectively as a crutch, a means of partially satisfying this deep dependency need. Others need to have some rigid structure in which to live, a framework of meaning that is set and which does not change. Others need to have tasks and duties which they can perform compulsively. Others need an atmosphere in which, at their own speed, they can make some growth. Religion is a most flexible and expressive medium and can be used in the psychiatric setting as a means of helping patients achieve adjustments at different levels, according to their abilities. This is not to say that religion is only a therapeutic technique. But specific persons at particular times may not be able to accept and make use of mature religion. As St. Paul said to the Corinthians, they may be only babes in Christ and have to be fed with milk and not with solid food. With this in mind, we can see that religious resources may be very therapeutic.

Although he is trained to understand the dynamics of personality, the chaplain's primary training is in the field of religion and his task is that of utilizing religious resources in terms of the patient's background and need, to help in understanding his problem, to aid his recovery and rehabilitation, and to give solace and support to the patient and in some cases to his relatives. The psychiatric chaplain can function in the most effective manner only if other staff members understand his role, and only if the planning of his work with individuals and groups is a part of the work of the total psychiatric team. Should he pick at random individuals and groups with which to work, without reference to their individual problems and needs, he would do much harm.

3. The chaplain works with groups, often using the medium of religious material for a therapeutic purpose. Specifically, there are three types of groups with which the chaplain may work: (a) The first type consists of patients for whom it seems doubtful that any but a very limited adjustment is possible. The work here would consist of conducting a Bible study group

in which the individuals read and discuss the Bible, making any interpretation they wish or have the need to make. The main value is that it provides opportunity of a group activity which is meaningful to the patient in terms of his background. It also offers to each individual an opportunity to strengthen and stabilize his particular level of functioning as a person. In some cases it may help the patient rebuild some defense mechanism, such as a compulsive defense. (b) The second type of group is made up of patients who may be able to make some emotional growth. The procedure with such a group would be to present some content material such as Bible stories having to do with people and their relationships and feelings, for example, the story of Joseph or of David. The story would be discussed in a permissive atmosphere with no particular teaching goal in mind, giving opportunity for group participation, opportunity to discuss human feelings, opportunity to identify with various characters and various feelings, and opportunity for group interaction and interaction with the leader. (c) The third type of group with which the chaplain deals is that in which group therapy is undertaken and in which the discussion centers on the feelings and problems of the individual patients and of the group. As in individual therapy, the function of doctor and minister meet in the group therapy situation. Even though no specifically religious material is presented, the task of group therapy is to help people grow in their relationships toward as full as possible a realization of their potentialities as persons, and this is a goal of mature religion.

4. The chaplain is available at all times to give pastoral care. He is dependent upon other staff members to make referrals of the critically ill and referrals of those who desire confession, communion, or consolation. He makes routine calls throughout the hospital as often as possible to visit and to be available as a pastor.

5. The chaplain conducts church worship services on Sundays. These services serve a number of functions; (a) They give opportunity for a worship experience as much as possible like the patient knew in the outside world, which gives to him the assurance that he is still a member of the fellowship of Christians and gives opportunity for him to receive spiritual help in terms of his expectations and needs. (b) They serve as means of support and comfort in time of stress. (c) They also serve as a stimulus to emotional growth if the patient is capable of making use of this stimulus. As a brief example, one recent sermon dealt with the theme of "Getting and Losing." The background thought came from Freud's paper on "Mourning and Melancholia," but this was not, of course, mentioned in the sermon. Rather, the story of Job was dealt with in a simple manner, telling of his great loss, his feelings of desolation and hostility, and eventually of his working through these feelings and being able to re-invest his interest. It seems to be helpful to patients to see that Bible characters had some feelings akin to their own and that these people found some solution to their problems. This may give some patients help in working through their own

feelings. There is, of course, a variety of emphases in the services in terms of what the patients may find helpful.

It has been our purpose in this paper to explain the position of the psychiatric chaplain in the mental hospital, to discuss areas of his work and his relationship to other members of the psychiatric team. However, as with any professional worker in a specific job, the actual role is defined in the give and take of daily tasks and in terms of the local situation, the training and ability and personality of all staff members and the working relationships developed among them.

A CRITIQUE OF WILHELM REICH'S PSYCHOANALYTIC THEORIES

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Dr. Wilhelm Reich, a most interesting and controversial figure, has contributed a great deal to psychoanalytic theory while at the same time beclouding it with an accumulation of mystical pseudo-scientific discoveries. In his voluminous writings—over 120 articles and books—it is frequently impossible to separate the valid from the fantastic, the work of the genius from that of the misguided scientist. There has been, however, too great a tendency to dismiss his current work by labeling it schizophrenic, thus overlooking his basic contributions to the theory and therapy of mental disorders. In order to evaluate his positive contributions and to make some judgments about his work we must examine his views from a philosophical, social point of view as well as from a scientific point of view. We must also examine his contributions by considering their implications for psychiatry and the social sciences.

Psychoanalysis has enhanced the understanding of human motivation and behavior and has become incorporated as a technical tool in the physical as well as in the social sciences. Freud's early theories, which were revised throughout his own lifetime, stirred up considerable dissension and produced many dissidents. Freud firmly established the principle of the dynamic development of personality, which ultimately made it possible to study the distortions and pathological formations in the behavior of individuals. His theories were developed in the framework of the scientific philosophical systems prevalent at his time. As David McK. Rioch says:

> It was not accidental that Freud's theory of psychotherapy and the theory of personality derived from it was part of the language of science in which he was trained—a language of fixed time and space, energy mechanics and biological absolutes. Nor was it accidental that Sullivan's theories are cast in the form of related time-space, field forces and communication—the early twentieth century language of the physical and social sciences.[1]

Under the influence of quantitative mechanical concepts and a philosophy of causality, Freud conformed with the best methodology and philosophy of his time. He noted that behavior in the present had relevance to experi-

[1] *Current Trends in Psychological Theory;* Univ. of Pittsburgh Press, 1951.

ence in the past and could be understood from an understanding of the past. This concept became established in psychiatric science and echoed through the arts and other sciences. Freud's genius for observation and description in the field of human behavior is still without parallel. However, his theories concerning the interpretation of his observations and his conception of the dynamics of human behavior have both been revised through the years. Yet, no matter how much subsequent observation and expanding philosophical views might necessitate reinterpretations of his basic findings, the enormity and profundity of his contributions can never be minimized. Freud lived in a three-dimensional world and in an era in which the physical sciences were dominated by a mechanistic view of events. He was compelled by his own cultural and philosophical limitations to interpret his discoveries in a rigid, mechanical, oversimplified formula of cause and effect. Nevertheless, the instinct theories were not only adequate but extraordinary efforts to build a consistent theory of personality development.

When we evaluate the work of Freud's followers and students, we notice not only practical and theoretical differences but also major philosophical and scientific alterations. Some of his students, such as Alfred Adler and Carl Jung, expanded psychoanalytic theory by altering the conception of the role of sex in personality development and raising objections to Freud's instinct theories. They also recognized the marked influence of culture on personality development. Spiritual and ethical values became more than mere sublimations of libido. Later, psychoanalysts such as Karen Horney, Erich Fromm, Harry Stack Sullivan, and others discarded Freud's instinct theories entirely and evolved theories of personality development which were not wedded to any mechanical, dualistic view of man. Like students in the fields of anthropology, sociology, and theology, they viewed man as more than an instinct-ridden animal. Man's psychological development was dependent upon the innate dichotomy in man's existence. In the development from infancy into childhood and adulthood, the problems of maintaining security, esteem, and independence were linked not only to man's biology, but also to his relations with his fellow man. Many of these views were shared by theologians such as Paul Tillich, Martin Buber, and others. This direction of the development of psychoanalytic theory has been called the "cultural" or "neo-Freudian" school of psychoanalysis. It has moved away from a purely biological approach and has been able to view man's higher needs, his aspirations and spiritual values from a more humanistic, existential viewpoint. It has been a fruitful source of a multitude of new insights into the nature of man.

Wilhelm Reich, on the other hand, moved philosophically and scientifically in precisely the opposite direction from that taken by the neo-Freudian school. His work can be divided into two phases: the pre-orgone, and the orgone phase. In the pre-orgone phase, Reich was a brilliant traditional Freudian psychoanalyst. His contributions to ego psychology

and the techniques of character analysis represent pioneering work in the field of psychoanalysis. His views on masochism and psychotherapy differed from Freud's, and he took strong exception to Freud's theory of the death instinct. His *Character Analysis,* published in 1933, was a milestone in psychoanalytic theory and practice. This phase of Reich's work has been accepted and incorporated in all psychoanalytic theory and practice. His description of character armoring was a brilliant contribution to the understanding of the neurotic structure and paved the way for character analysis as opposed to symptom analysis. He clarified the role played by the individual's character structure as a defense against change, which constituted a chief resistance to treatment. As a consequence he developed a systematic approach to unfolding the resistances and formulated a rather complete systematic therapeutic procedure. These contributions have been widely accepted and integrated into psychoanalytic therapy and have been enlarged upon by Karen Horney and Harry Stack Sullivan.

However, at a time when there was considerable dissatisfaction with Freud's instinct and libido theories, Reich, although disowned by Freud, took the libido theory literally and began to search for the energy which heretofore was considered a theoretical conception. He not only accepted Freud's metaphysical conception of libido and claimed to have discovered the energy which Freud postulated, but his research and philosophical orientation remained entirely mechanistic. Although he became profoundly interested in social and cultural problems, his psychoanalytic conceptions rested exclusively upon man as a biological animal, and man's behavior and potentialities were expressed in terms of a distribution of sexual energy.

In 1934, he linked character disorders with biophysical behavior and entered the orgone phase of his work. It was in that year that he was excluded from the International Psychoanalytic Association. In 1939, he claimed to have discovered "a visible, ubiquitous cosmic energy," which he called "orgone." This second and current phase of Reich's work is by far the more controversial one and needs to be appraised critically. Such an appraisal can be made, I feel, without either denying or accepting his orgone findings, in spite of the fact that there has been no real confirmation or repetition of his experiments by outside observers. If we can examine his work from the framework of the implications of his theory, we may still be able to make some definitive judgments about his theories.

Although psychoanalytic theorizing was moving away from a mechanical, or mechano-causistic, philosophy to a more cultural or field approach, Reich persisted in a dualism which has placed him in a rather curious historical framework. With his rigid application of Freud's instinctual, mechanistic approach, he is the only true follower of Freud, having, he feels, actually discovered the libidinal force (orgone), and thus reduced psychological phenomena to the exchange, storage, or discharge of this mechanical energy, which, he believes, has tremendous influence in our physical as

well as our psychic well being. At the same time he became interested in the social forces which influence the development of the individual and determine the characteristic armorings of the personality and prevent the free exchange of orgone energy. It is the latter aspect of his work which has been of such great interest to the artist, writer, and divinity student, although the orgone concept pervades his social theorizing and is an integral part of it. In his effort to reconcile his extremely divergent philosophical views, Reich became a polemicist rather than a scientist. He began to devote a large portion of his writing to attacking conventional theorists rather than to providing evidence for his findings.

When we examine the "orgone" theory from a philosophical point of view, we are forced to the conclusion that Reich is bogged down in a mechanical biophysical view of man as a functioning animal which translates his contacts with the world into physical terms. Activity, experience, and the intricacies of interpersonal activity are merely vehicles for the distribution of orgone energy. Thus the focus of his interest and research is directed toward studying the vicissitudes of orgone rather than toward the study of the problems of the individual as he relates to his fellow man and to the world. This is reminiscent of the early years of Freud's overwhelming interest in the vicissitudes of the instincts to the neglect of ego psychology. Although the same criticism is not applicable to Reich, and the activities of the ego are not so generally overlooked, still we find Reich and his colleagues spending most of their time studying the presence of orgone in the cosmos, in cancerous tissue, etc. Philosophically, the direction of their scientific endeavor is to prove the existence of the orgone and its involvement in the individual's life—by demonstrating its universality and physical existence. All the deficiencies of Freud's conceptions are magnified in Reich's thinking and none of the potentialities of Freud's outstanding discoveries are exploited. The search for a unitary view of man, which is the ultimate goal of science, is distracted by Reich's oversimplified view of man as a reservoir of sexual energy which determines all his behavior. The objections to Freud's explanatory conception of values, morals, spiritual ideals as a sublimation of sexual energy are elevated by Reich to a position of prominence. For Reich, man is not a complex individual with productive capacities on all levels, but a simple biological animal whose productivity is based upon his capacity to absorb and utilize orgone and upon society's permissiveness to enable him to do so. Only as he has this capacity and is free to use it is he freed to be creative. The restrictions of society certainly impair man's creativity, but in a complex, involved fashion which some people manage to overcome. They do this, not by being more open to orgone accumulation or muscular relaxation, but by overcoming the obstacles to the development and expression of tender, creative impulses to the benefit of themselves and society.

Since his philosophical orientation forced him into a more physiological than psychological approach to mental phenomena, Reich has occupied all

his time with research in physics and chemistry, attempting to demonstrate and isolate orgone. As a result, he developed the orgone accumulator, designed to collect and concentrate orgone. It is a box, roughly like a telephone booth, lined with zinc and other secret materials. He later developed an orgone blanket for bedridden patients, and both were claimed to be beneficial for cancer, brain tumor, colds, hay fever, etc. Because of considerable distrust of the scientific soundness of these applications, a decree of injunction was issued against Reich by the Pure Food and Drug Administration in March, 1954, forbidding him to "ship, rent or advertise, etc., all orgone energy accumulator devices, in any style or model, any and all accessories . . . purported or represented to collect and accumulate the alleged orgone energy . . ."

As Reich's theoretical development led him to a study of the biophysics of man rather than to a study of man as a creative, existential individual who transcended his biology while being limited by it, his activities led him into a philosophical and psychological cul-de-sac, and, having reached this dead-end, he never moved back to examine or review his position. Instead, he fought and attempted to fortify his position by completely reversing all the progress and development of psychoanalytic theory of the past fifty years. He remains the only true literal Freudian, yet his theorizing has produced none of the wealth of knowledge which resulted from Freud's achievement. Philosophically outdated, scientifically invalidated, he has become a martyr to a lost and outgrown era in psychoanalytic development.

Scientifically, the orgone theory in many respects is fantastic, yet it has contributed greatly to our understanding of the process and function of the orgasm. Briefly, orgone is a material substance in wave form with particular wave length and having certain physical characteristics. Reich claims to have isolated it and demonstrated it visually, chemically, and electroscopically. The flickerings (blue) in the sky are expressions of atmospheric orgone, as are bions, which are microscopic vesicles charged with orgone. Everybody is surrounded by an orgonotic field, and every living cell contains orgone, which is recharged in the breathing process. He has differentiated it from electrical or magnetic energy, although it has similarities to both. It has become increasingly difficult to accept Reich's observations about orgone energy, particularly since his experiments have not been duplicated except in his laboratories and he will not allow outsiders to check his experiments except under his own auspices. Until Reich's work has been repeated at least once by independent observers, it is fruitless to argue its validity. Respectable and competent physicists have thrown great doubt on it. But even without such confirmation or refutation we are in a position to reflect upon his scientific purpose, which, in effect, is to claim discovery of the "élan vital," the source of all the dynamism of human behavior as a physical substance which, when present, permits of the fullness of human decency, love, and spiritual fulfillment.

Love, tenderness, spiritual values derive only from a society where orgone is free to enter and circulate through our cells!

A significant outcome of his biophysical research is what might be called his "psychosomatic theory." As an offshoot of his work on muscular rigidity and armoring, he has approached a true understanding of many of the bodily functions and their intimate association with tension and anxiety. In spite of the difficulties he has encountered in treating patients nude, there is no doubt that anxiety and tension manifest themselves in other parts of the body besides the face and hands, which are the only parts of the body ordinarily observable. Reich has brought these other areas and their role in the bodily manifestation of tension closer to our attention.

His elaborate studies of the orgasm have done much to clarify this aspect of the sexual function. The total orgasm for Reich is not only the goal of all psychotherapy, but the index of maturity and orgastic potency. He sees it not as a culmination, but as a removal of the psyche and a complete taking-over by the soma. This interpretation introduces the notion of orgastic streamings and the participation of the entire autonomic nervous system in the orgasm. However, it also makes clear the distinction between the two aspects of the sexual function, one biological and the other extra-biological, or social, interpersonal, human. The orgasm is a biological phenomenon and an essential ingredient of the physiological function of sex. The psyche may play a large role in the inception or type of quality of performance, but the ultimate orgasm with the ejaculation of semen in the male is purely a somatic process. This aspect of Reich's findings has not been sufficiently exploited and its implications understood by psychiatrists or sexologists.

Despite these positive contributions, it would seem that Reich's dedication to his orgone theory has distorted his true scientific curiosity. In his sincere interest in a better world, he sees the key in sex and orgone energy rather than in the struggle for enlightenment based upon a more profound recognition of human values. Thus his work stopped being scientific many years ago when he became a well-meaning, dedicated polemicist. In the past twenty-five years he has contributed very little to psychological theory, while his questionable scientific endeavors have weakened his social pleadings.

Reich has suffered the torments of a hounded, lonely, self-glorified exile —not acceptable in academic circles and involved in many skirmishes with the law. From a brilliant psychoanalyst to a tireless polemicist, he has become a martyred individual. It is this martyred quality which has attracted many sensitive moralists, writers, and clergymen. One easily identifies with a man who, although he stems from a scientific background, has become a dissident in social, as well as in scientific, terms. One must admire his tenacity of purpose, his prolificity, and his unbounded capacity for theorizing. However, his martyrdom does not confirm his thinking,

despite his own insistence that he represents the future, since much of his martyrdom is self-imposed. The psychoanalytic organization that dealt him an unfair blow in 1934 has largely neglected him since and no longer takes a serious view of his work. His students are free to practice and teach biophysical analysis wherever they can get an audience and have been fairly successful in some places. However, he has run head on into difficulty with the law when he has made fantastic and unproveable claims and refused to refute the charges against him. He says that every catastrophe that has struck his "orgonizing" has come from politicians of all types—from communistic and fascistic politicians to police and medical organization politicians. Many of his charges are the claims of a disappointed and disillusioned worker, while others have a "grain of truth"—however, on this grain of truth one cannot accept the total account. Certainly one cannot conclude that he is scientifically correct because civil and other authorities have raised questions about his scientific and medical practices. Persecution does not necessarily imply validity, and we must examine the background and development of these attacks upon him. A single, yet significant example of his rejection of all classical theories of energy and matter might illustrate how he deals with all the other disciplines: He accuses the physicists who accept the explanation of the "Brownian Movement" as being due to the bombardment by the molecules in the fluid of displaying a resistance to the recognition of orgone energy. Although Reich did not announce his discovery until 1939 and the Brownian movement was described in the nineteenth century, he expects Brown and all subsequent physicists to renounce their theories because he claims the movement to be due to orgone energy. All physicists consequently are caught in the "emotional plague," and he recognizes none of the enormous developments in the field of physics.

Reich's martyrdom has attracted a great many religionists and writers, but few, if any, real scientists. His religious zeal and high moral and ethical principles and his fanatical concern for the welfare of all people have stirred up many people with similar ideals. One can learn much from him in these areas. No other analyst has painted the repressive forces operating in our society better than he. But ethical ideals and high moral principles are not the only basis for the verification of a scientific thesis. Reich holds no exclusive claim to being interested in a cure for cancer, or the common cold, or the low state of moral values in our society, and his formulation of the cause and the cure of these problems has been verified neither by other serious-minded private scientists nor by the United States Public Health Service and the other interested government agencies. It is not enough for him to accuse his detractors of being caught in the "emotional plague." He simply has not convinced any serious scientist, either physicist, chemist, or biologist, and certainly very few psychoanalysts, of the validity of his conception of the orgone and its implications. This may be due to the fact that his conception is an incorrect one.

While we must grant that Reich had considerable justification for his intense grievance against the world and its organizations when, as a strikingly brilliant student, his devotion to the social and political problems of his day left him open to the most shameful mistreatment and produced only rejection by his colleagues, we cannot overlook the contempt and disrespect for his fellow man which is implied in his wholesale condemnation of all who disagree with him. There is little self-awareness of his own bitter, hateful, recriminating attitudes, which leave no door open for exchange, fellowship, and the sharing of scientific experience. This excessive vituperation is more reminiscent of the person caught in the "emotional plague" than of the discoverer of this dread disease. Though his early rejection stemmed from his social, political, and moral position, his rejection during the last twenty years is due entirely to his scientific conception of the nature of man and of the neuroses. Wilhelm Reich has unfortunately confused these two issues, martyred himself, and cut himself off completely from the prevailing developments in science and psychoanalysis. This isolation has served to alienate him even further and to stir up more rancor and disagreement than would ordinarily occur and has had the unfortunate effect of preventing the outside world from getting some of Reich's contributions. At the same time it has denied him the social and scientific contacts which are essential to a man of science, particularly one who concerns himself with the science of man.

In his last two books, *People in Trouble* and *The Murder of Christ,* Reich portrays in his colorful, unscientific fashion a vivid picture of a man, not a scientist, attacking the foundations of a society. Instead of documentation of scientific theory, there is a superfluity of documentation about the havoc, devastation, and misery imposed upon him and society in general by the primitive ethical and social values of our civilization. It is an attack upon ignorance, but ignorance of higher ethical values, not scientific ignorance. Since he bases his "cure" or panacea upon the "orgone biophysics theory" of personality development, one might expect some documentation of his findings. This is entirely lacking except for his repeated assertions that his experiments are valid. When considering a discovery of such momentous impact, one is not pressing too hard if evidence is demanded.

Wilhelm Reich's theories and writings are serious matters. Many well-intentioned, high-minded people have been attracted by his devotion and crusading zeal. Perhaps his followers have also confused scientific theory and practice with moral principles. They confuse devotion with truth, isolation and unacceptance with sainthood, profundity with fact, and polemic with scientific evidence. Reich must be judged as a psychoanalytic theorist since that is what he claims to be and his total life's work rests upon his psychological and biophysical research. Scientific theories must be supported by evidence or at least by the suggestion of possible confirmation at a future time. Admiration, sympathy, or the need for universal formulae

should not blunt our scientific integrity or our search for the ultimate truth. The truth or falsity of a scientific document must rest upon its validity and its possibility for encouraging and assisting a greater knowledge of man and his world. Reich's scientific formulations lead us only to a dead-end psychologically, philosophically, and scientifically.

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EDITORIAL

The Minister as Counselor

Each generation appears to have its own theological specialty. Ours is concerned with pastoral counseling. We may deplore the spate of books and articles that bewilder the average pastor, especially if one is at all sensitive to the quality of the material published and the competence of the author, but at last one fact in all this comes into sharp focus: This is an age when most pastors are acutely aware that their people have difficulties in personal living that require the care of a trained and understanding pastor. This awareness has raised in some of us the hope that perhaps the day is not too far distant when the minister will regain his rightful place as the physician of the soul.

If a pastor would truly minister to his people in terms of their needs, it should be obvious by now that he must be trained in the kinds of basic understanding that make it possible for him to know what he is doing. We hold it an axiom of pastoral concern that no man ought to engage in any work with people where he is called upon to minister to their soul struggles unless he is duly qualified to do so. And we hold further than such qualifications are best achieved in the area of clinical pastoral experience. This means that the concerned pastor, as part of his theological training, will have undergone a period of intensive training, under competent supervision, where he has been exposed to the travail and sufferings of human beings and attempted to bring them the understanding and consolation of the Good News of God. It will mean further that not only has he been willing to expose himself to the sufferings of others, but as an inevitable reaction, has been willing to look at his own sufferings—and if need be to obtain some personal counseling to help him deal with these same issues in his own living. In short, we hold that none of us has the right to intervene in the lives of our parishioners until we have made some attempt to look

carefully at the way we ourselves live and interact with others. At the moment the young theological student has his best opportunity for just such education and training in accredited courses of clinical pastoral training. It is in such training that students are offered the best opportunities to recognize the character and quality of their relationships with people and the degree of their anxiety in attempting to listen to the needs of hurt people. They also are given the opportunity to recognize their ability or inability to achieve personal satisfactions in living, a *sine qua non* for anybody that would help others: "Physician, heal thyself!"

Perhaps one of the major concerns facing us at the moment is just what we mean by pastoral counseling. Academic definitions could of course be given, but this has already been done by numerous writers in this field! Perhaps it would be more helpful if we were to look into the areas of delineation.

As this writer has tried to formulate his understanding, certain emphases seemed to come into more or less sharp focus. The first of these would obviously be that, as in any counseling, the counselor be a *trained* person. This would mean that he has not only developed considerable awareness of dynamic understandings, but that he has achieved some skill in the use of his understandings. This emphasis he would share with any other concerned professional worker who is called upon to help people in distress situations.

The major distinction, however, for the pastoral counselor is that he *seeks out* his people in the normal stress situations which few ever manage to escape in the inevitable process of living and dying. Pastoral counseling has its greatest opportunity in the areas of what might be called crisis situations. There are certain experiences and feelings associated with birth, growth, maturation, mating, illness, major decisions, retirement, death—to mention some—which make it highly desirable for the individual to be able to express freely the concerns which arise at a particular time. When these can be verbalized with a mature, wise individual whose understandings are solidly anchored in thorough training and satisfying living, a great deal can be done. For it is in such moments that pain, anxiety, and fear often lead the individual to believe that he is acting irrationally and that he must conceal his responses. At just such times the visit of an understanding pastor can do much to reverse the tide, and where damaging feelings would have been locked in, they can come to be shared and resolved in the warmth of understanding acceptance. None of us can escape the anxieties of being human; to be sought out and visited at these times by one who understands something of what we are feeling, and is not himself too threatened by his own feelings about these same experiences, can do much to help us achieve greater clarity and meaning in our living. Such can be the destiny of the pastoral counselor.

Another obvious distinction lies in the use of the very resources that the

pastoral counselor has at his disposal. One almost hesitates to use the phrase "religious resources" of such traditional practices as prayer, worship, scripture, preaching, and fellowship lest some mistake the language as a mere utilitarian use of such life-affirming practices of Christian experience. But the plain fact of the matter remains: Where one is anxious and concerned about one's living, to be able to pray or to be prayed with can bring us into a vital relationship that helps us deal with these life-defeating experiences, even though the prayer may only begin because we are in trouble and need help! And, equally, what has been said here for prayer can be affirmed for worship, group fellowship, the use of the scriptures and preaching as pastoral means for helping people live more abundantly.

Not without significance, of course, in such counseling is the role of the person who counsels. Since the man is a minister he is obviously cast into a most specific relationship. This can bode good or ill to his work as counselor precisely in the degree to which he understands its meaning to himself and his parishioner, and the extent to which he can deal with his understandings. Such a role can and does evoke feelings in the counselee which can rapidly mobilize both positive and negative forces. This is inevitable when painful experiences are being faced in a counseling situation: There is no way of escaping its happening. The counselor has one of two alternatives—not to understand and to flee from the demands realistically made, or to have the capacity and training needed for such understanding and then to be able to help the troubled person to deal helpfully with such concerns.

Perhaps one last emphasis should be made by which we might distinguish pastoral from other kinds of counseling. It has been the growing feeling of this writer that the average pastor, be he trained or otherwise, can devote relatively little time to a particular individual with a specific problem. If he is to fulfill the demands made upon him by his many roles as a clergyman, obviously he cannot spend an indefinite amount of time with those of his parishioners who have involved interpersonal concerns. Hence it has seemed that when a pastoral problem approximates twelve consultations with no evidence of significant and durable change, then by virtue of the pastor's lack of *intensive* clinical training, and the other demands of his role on his time, he properly ought to refer such problems to more skilled therapists.

Comment should be made that often those ministers with the best of intentions are responsible for results neither envisaged nor desired. Dr. A. N. Franzblau, in an article in this issue of the *Journal,* suggests that the role of the therapist is one of "manipulating the unconscious." It is highly doubtful whether many therapists would see this to be their function; in some way this seems to have strong connotations of a violation of individual integrity, and the marks of an authoritarian dealing with a human being. But the fact remains that many ministers are often *unconsciously*

guilty of achieving just this in a misguided attempt to "show" people the religious way of life.

In reading Dr. Franzblau's article it might seem that the psychiatrist is not concerned with values, and that he is truly "non-judgmental." Obviously no psychiatrist is unconcerned about values; there is, however, an unfortunate ambiguity about the choice of language which often leads some writers in the field to wide misinterpretation. Such a choice of words is seen in the use of "non-judgmental." The very fact that the psychiatrist has accepted the patient for therapy is a judgment: a judgment that the patient needs help. The very fact that the psychiatrist is patient and outgoing, and the client is impulse-ridden and unable to relate to others—things which made it necessary for him to obtain therapy—are judgments. These phenomena are a constant witness or "judgment" no matter which way you look at it. It would be much more descriptive if we were to say that the counselor is "non-blaming" of his troubled people, recognizing clearly that they are by no means in their predicament because they either wanted or liked being in it.

There is, of course, much about the function of the minister as counselor that is becoming clearer to us. But there is equally so much more that we still have to learn that it behooves us to be more active and concerned about what we are doing. In the process of learning to be more helpful to our people we have gained enormously from the insights of psychiatrists and other depth-psychologists. The way is still open for further cooperation and clarification, and to that end we need more mutual sharing with each other, both as to our common objectives in working with others and the ways and means by which we go about achieving our goals. To this end the *Journal* continues to direct its editorial policies, and hopes that there will be more eagerness on the part of pastors to share with each other, through the medium of the printed page, their hopes and fears as they deal intimately with their people in the pastoral counseling role.

E.E.B

COMMUNICATIONS

Psychiatric Screening of Theological Students

Dr. Christensen's paper on the "Role of a Psychiatric Consultant to a Theological Seminary" in your Spring issue raises some important questions, especially his remarks on the screening of students for the ministry.

There was once a time, especially in the Methodist Church, when great faith was placed in religious experiences of the dramatic, eruptive variety. Not only were conversion experiences regarded as essential to salvation, but special calls to preach were on a par with seminary training in the evaluation of a minister's qualifications. And in the history of religion in general mystical experience, the sense of being in direct communication with God, has been the ultimate source of religious authority either in personal experience or in that of some leader accepted as inspired. But Dr. Christensen's discussion of the screening of theological students leaves me with the impression that for him the old Methodist tradition has been so far reversed that a dramatic call to preach means that the candidate is so seriously ill that it is inadvisable for him ever to enter the ministry, and a sense of being in communication with God is a delusion of omnipotence induced by deep-seated feelings of inferiority.

With his recommended rejection of the young candidate he describes I am ready to agree. He seems immature and lacking in judgment. I am also ready to agree that the tendency to accept an idea as authoritative because it seems to come from an outside source is fraught with danger. But it is important to recognize that the psychological mechanism involved is that of the "inspiration." This mechanism is especially in evidence in periods of personal crisis or whenever there is intense interest or preoccupatiion. Under such conditions new and creative ideas do come. So with the man who begins to worry about his role in life, who lies awake at night unable to think of anything else. He is likely to get some new insights regarding himself, some new orientation with reference to the transcendent. To be sure, this creativity is achieved at the cost of judgment and perspective. He may even be thrown into a disastrous tail-spin. But I often wonder whether the patient whose eyes are suddenly opened to his unsuspected importance may not be groping after a true insight and whether his "prophetenwahn" may not have a socially valid basis. Certainly there are those who have found themselves through periods of great inner turmoil.

I am calling attention to this matter because it seems to me of crucial importance. There IS a relationship between religious experience and mental disorder and a psychiatrist operating in a theological seminary must understand that relationship if his screening operations are not to exclude or help to exclude, the potential Bunyans and Foxes and Pauls and others whose qualifications are not so much freedom from abnormalities as a determined quest after the better life.

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One Hundred Years of Service

This year Saint Elizabeths Hospital in Washington, D. C., marks its 100th anniversary with the opening of a new 420-bed Admission and Treatment Building and the construction of a new chapel building.

In 1855 Saint Elizabeths admitted 75 patients and employed 34 persons to care for them. Today, the 2,650 employees caring for 7,500 patients carry on the tradition that the Hospital's founder, Dorothea Lynde Dix, drafted into the Act establishing Saint Elizabeths Hospital: "The most humane care and enlightened curative treatment of the insane of the Army and Navy of the United States and of the District of Columbia."

The Hospital's 100 years of service have brought it international respect as a public mental hospital of the highest repute. It is noted for its eclectic approach to treatment; its training of thousands of psychiatrists, psychologists, nurses, social workers, ministers, occupational therapists, and others; and its pioneering in neuropathology, clinical psychology, psychoanalytic techniques, forensic psychiatry, military psychiatry, psychodrama, and the use of the arts as therapeutic tools.

The present Superintendent, Dr. Winfred Overholser, in an address to the Saint Elizabeths Hospital Medical Society about the Hospital's 100 years of service, stated: "With a continuance of these traditions and of the financial support of Congress, which has almost uniformly been forthcoming, we may safely hope that Saint Elizabeths will continue to enjoy its high reputation at is starts a new century of psychiatric progress."

During its Centennial year, Saint Elizabeths also completes its tenth year of clinical pastoral training programs. Since 1945 there have been thirteen clinical pastoral training groups, and 153 different students have completed one or more quarters of full-time training. The Hospital has also conducted six part-time programs for a total of 56 community clergymen in "The Pastoral Care of the Mentally Ill."

Burial and The Christian Church

The study by our parish Social Relations Commission of the increasing secular encroachment on the marriage and burial practices in the United States, and the recently published recommendations that have attracted wide notice far beyond the boundaries of this nation, grew from a specific theological concern for the relevance of the Christian faith and Church in the lives of Christians in a fragmented society.

While we often pride ourselves on being a religious nation—and certainly percentage-wise more last year identified themselves as church people than ever before in our history—at the depth of existence where security, faith, and hope are nourished, the religious ground and interpretation of life has been increasingly dissipated. For ours is the world of Kafka's Joseph K. and Gregor Samsa, of William Inge's Lola and Doc, of Mary Chase's Elwood P. Dowd, of Arthur Miller's Willy Loman, and T. S. Eliot's J. Alfred Prufrock, and in the world of these sterile lives the cultural resources are the bar and the sanitarium. The church significantly is not even listed among the props. These

blighted characters are the prototypes of modern man who, as W. H. Auden has written, no longer being supported by a living relevant faith, "must do deliberately for himself what in previous ages had been done for him by family, custom, church, and state—namely, the choice of the principles and presuppositions in terms of which he can make sense of experience." Gone for most modern men is the secure backdrop of a cosmic drama by which crisis, suffering, death, can be related and interpreted by long-range purpose, judgment, forgiveness, and love of God.

Once the church provided the underlying purpose in the loving purpose of God, whose judgments were to lead man back to his heritage of existence in a structure of loving relationships with God and his fellow men. All the world was a sacrament, and thus the sciences as well as religion pointed beyond themselves, to a unifying purpose, the drama of salvation. Regardless of how little the man of the Middle Ages knew about science, the drama of creation was lively and near. Its scenes continually were in his consciousness in legend and tale, they filled his thoughts just as they covered the walls of his great cathedrals in stone or fresco. The world was a great allegory, whose essential secret was its meaning, not its operations and mechanics. It was an hierarchical order, extending from stones and trees and stars through man to God, just as society ranged from serf through lord and king to pope; and it was inspired throughout by the desire to fulfill the divine purpose. The power that moved all things was love. From the highest heaven to the lowest clod, aspiration to blend with the divine purpose was the cosmic force that made the world go around.

Granting the social concretion and the confinement of freedom of the Middle Ages, we were convinced that where once man was conscious of a unity to his experience and world in a high purpose of God's love, man had also a drama for his life to interpret immediate tragedy and crisis against a long-range plot, and in this he found strength, courage, and hope, even in adversity.

The dissipation of this drama has been long in coming. But since Bacon's knowledge as power, increasingly the scientific outlook issues as life's most urgent business, while the contemplative arts and the nurture of sensibilities are proportionately retired to the periphery of the common life. The individualizing influence of protestantism did its part to dissipate the unifying overreach of religion into a fragmented resource.

Nowhere, we were convinced, has this fragmentation and loss of meaning become more apparent than in the crises of marriage and death. Despite the mechanical pretentions of a scientific outlook, the sensitivities of people in these pivotal aspects of existence issue in urgent need for interpretation and meaning. If the religious undergirdings once available are gone, people look to whatever supports are offered from wherever they can be found. Upon emptiness, sentimentality and display and commercialism flourish, as our research well documented. Where there is no steak, man in his hunger will settle for potato chips.

The tremendous undertaking as we conceived it grew from this context: (1) With genuine devotion to freedom and diversity as necessary to man's fullest individual development, and with gratitude and respect for the inquiry

and service of science, how nonetheless can some religious structure be restored that, guaranteeing freedom, can still afford the security of purpose, faith, and hope in its unifying drama of life? (2) What insights and wisdom does the long Christian heritage offer as alternatives to the hollow symbols of meaning provided by our time? (3) Taking into account the modern mentality, how can such insight and wisdom be made available and relevant in our time?

The study and discussion hinged on two main areas in the two year's time of consideration: (1) Research into Christian belief and historical Christian practice for marriage and burials. (2) Study of current statistics, policy, and practice of funeral homes, crematoria, cemeteries, state health departments, mortician regulations, etc.

The recommendations concerning Christian marriage are now being completed.

It was the conviction of the Commission after two year's study in the area of present-day funeral practice that the historic depths of Christian meaning are increasingly lost to the American, even the regular church-goer, and that without the interpretation and pastoral ministry of the simple rites of the church, to receive whatever solace and comfort is available in the despair of death, more and more people look to the funeral director as pastor and priest. Upon the religious vacuum, a new set of commercial symbols, appointments, and rites are rapidly replacing the church, the candles, and the psalms. These are the plush carpet, the exalted open casket, the heavily scented banks of funeral flowers, the dim, indirect light, distant recorded syrupy music replete with chimes and vox humana, all centered in the new dominant architecture of almost every community, the funeral home and chapel.

We became increasingly convinced that regardless of what brief words were appended to the current standard procedure, the dominating concern for tiptoed entrances and exits, the emphasis on leak-proof caskets, and the display of physical remains artfully improved by cosmetics and especially tailored casket apparel represent essentially a reversal of Christian belief and its candid committal of the material body to ashes and dust.

Our research turned up new signs of the time: (1) New words from a new crematory specialization included "cremains" and "inurnment." Some crematory literature included glossaries of recent funeral definitions as a help to those who wished to keep up with the onrush of culture. (2) Among the new services being offered are included: uniformed casket bearers and parking directors, cosmetology service by specialists thoroughly trained and interested "in achieving perfection in preparing the deceased for exhibition." (3) Refrigerated caskets for longer keeping and saving of embalming costs—this is advertised as "doing it the humane way." (4) Caskets with built-in canister for velum recordings of the deceased's kudos, achievements, memorable memberships, accomplishments. (5) Provision in some better funeral homes of antique rooms and service rooms featuring oak paneling, hand-painted murals, gold and silver leaf decorations—all designed especially to provide dignity, serenity, charm and prestige to the host family.

The results of the study were reshaped into a recommended parish pro-

cedure for burials which was presented to the vestry with the recommendation that it be passed as official parish procedure. After careful study, the parish vestry unanimously passed the study and enthusiastically had the study mailed to all members of the parish, as well as to various clergy from many denominations across the nation soliciting their criticism of the statement. To the parish members was also sent an inventory to determine the individual judgment of parishoners on the following questions:

1. Discuss as a family or think through yourself the Christian meaning of death and burial. Plan your family procedure while all are in good health.

2. Would you like to discuss burial plans or questions about death with a minister?

3. Immedately following preparation, casket should be closed, in presence or by permission of immediate family, and remain closed. Open house at funeral home should be discouraged.

4. The most inexpensive casket should be purchased, and it should be covered immediately with church funeral pall.

5. Gifts of flowers, wreaths, designs should be discouraged, and memorial gifts to family, church, or for medical research or benevolences should be encouraged.

6. Burial service should be held in the church.

The parish response from these questions was somewhat overwhelming. Final tabulation of the results indicated well over 85 per cent parish affirmation on all these focal recommendations.

A short time later, the Associated Press carried an account of the study and recommendations, as did Time magazine (January 18, 1954). From this national coverage, letters began to pour in from all parts of the nation and world. It would be impossible briefly to summarize the hundreds of letters except to say: (1) A great many related personal distressing experiences that the writers had endured during the crisis of a death in the family. (2) Outside some vigorous (including some virtually irrational statements) protests from funeral homes and national agencies, *all* the rest were definitely affirmative. Many expressed deep gratitude for this religious leadership. (3) From a number of individuals, and from more than one funeral director, came distressing accounts of commercial pressure (concern for fees) on the part of clergymen. We recognize with due penitence that we did not account for the church's part in the deepening commercialism. (4) Despite the powerful blasts from some funeral directors and agencies, five or six funeral directors wrote of their agreement that steps toward reforms were being made. (5) The letters represent a vast range of religious orientation, geography, profession, and age.

In addition to the published recommendations, leaflets for the congregations at funerals were printed to assist those present at these services to interpret these occasions religiously.

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BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

The Story of Jesus: Theodore Parker Ferris; Oxford University Press, New York, 1953. 123 pp. $2.30.

Only Son: Walter Farrell, O. P.; Sheed and Ward, New York, 1953. 244 pp. $3.50.

It has been interesting to compare these two books. Dr. Ferris, Rector of Trinity Church, Boston, has assembled a series of sermons on Jesus. He has distinguished between those facts which can be accepted without faith in the supernatural and that scriptural material which modern man considers myth and legend. Although he starts with the birth stories, his book on the whole has the proportions of the Gospel of St. Mark, by giving much space to the passion story. And he adds a chapter on the Church as the only milieu in which the gospels are meaningful and to be understood in the light of their original purpose.

The author confesses himself that he does not like to interrupt the telling of the story by marginal remarks, and yet it might be said that his way to make the story meaningful to his audience is to make moral applications at the end of each section. These applications are very sound and helpful and full of common sense, but very far from the minds of the evangelists. New and fresh thoughts here stand unreconciled side by side of more traditional ones: Baptized in the dirty water of Jordan, Jesus received the holy spirit, and so we are told not to be afraid of being involved in the corruption of this world if we want to make a real and spiritual contribution in the life of our community. But a few pages later Jesus is the ideal for the opposite attitude, that of clean-cut lines and no compromise.

Modern New Testament scholarship does not believe in the possibility of writing a "Life of Jesus." As Dr. Ferris says himself, the gospels are not primarily intended to tell biographical facts. Yet the pattern is set and it leads into some of the above mentioned difficulties. The basic difficulty of the traditional Lives of Jesus is that they consider Jesus more as prophet and a religious and ethical genius than as one who claimed to be the Messiah. There is a homiletical reason for this. The Messianic approach gives so much less opportunity for moral and psychological remarks.

The Messiah is a stranger in our world. Yet, it might be that the stranger has a greater appeal than we believe.

Farrell's book, which is also an exposition of the life of Jesus, can be considered an example of the right opposite alternative. Here is no critical distinction between so-called historical facts and legendary myths. Here is the whole story, and even more than that. Farrell knows more than the Bible itself, the age of Joseph and Mary and of Anna in the Temple are given

in exact figures and the thirty years in Nazareth does not lack concrete facts. What in Luke and Matthew covers two chapters becomes one third of the whole life of Jesus in this book.

And yet, in spite of the strong drawing on Roman tradition, this book is in some sense more biblical than that of Ferris. The Dominican father believes in the value of the story itself, he does not interrupt his telling of it in order to make it starting points for moralization. He seems to believe that the story, and the picture it puts in man's mind, is an active and creative force in itself. He makes it alive and relates it to our time by meditation and not by application.

From the point of view of pastoral care this is of significance. There is certainly a place for more trust in an "indirect method" and more trust in the ability of modern man to make the moral applications himself once he has found and felt the greatness of Jesus Christ.

Thus it is this reviewer's impression that, while Dr. Ferris' book is the better one, Fr. Farrell adds the dimension without which the challenge (so well spelled out) lacks force.

KRISTER STENDAHL

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The Origins and History of Consciousness: Erich Neumann; Bollingen Series XLII, Pantheon Books, New York, 1954. 493 pp. $5.00.

It is difficult to review this book briefly, for it attempts to present an ontological and genetic history of the development of consciousness in the framework of Jungian psychology. The author states: "It is the task of this book to show that a series of archtypes is the main constituent of mythology; that they stand in an organic relation to one another, and that their stadial succession determines the growth of consciousness." The author fulfills the first part of his task, but it is extremely difficult to determine where he has developed the concept of consciousness to any extent. He introduces the symbol of the uroborus to signify the undifferentiated, preconscious state and unfolds man's history by relating the stages in the development of man to the archtypes and mythological symbols which characterize Jung's contributions.

It becomes increasingly difficult to view Jung and his followers in the context of psychoanalysis. Perhaps Jung is correct when he has said he is basically a pholosopher and not a therapist. This volume is replete with profound mythological theory and contributes to the fields of symbolism and comparative religions. It is more a semantic romance and a fascinating study of analogizing than it is a psychological work. Symbols are basic elements in man's semantic heritage and Neumann, like Jung, succeeds in demonstrating that man has always related his current historical setting in a symbolic fashion.

The study of mythology and symbolism tells us much about man that perhaps could not be verbalized or transcribed in any fashion other than myths. Neumann, like Jung, however, attempts literal translations of man's psychology in terms of these symbols as if man symbolized in a conscious framework and as if these symbols expressed profound insights into man's

biological and psychological heritage. It is frequently possible to translate some of the archtype symbols in terms of man's limited grasp on the world, and on his own historical past, and consequently these mythological symbols are remnants of man's inadequate grasp on reality, but not necessarily as valid observations of his essential nature. Consequently, some of the Jungian views on sexuality and on man's basic psychological needs are highly questionable and lead to such formulations by Neumann as: "The conscious as such is masculine even in women, just as the unconscious is feminine in man." Aside from being a neatly phrased paradox, what does it mean?

This book, like so many of Jung's own works, is very fascinating and stimulates one's poetic and historical interests. It could be rewarding to the theologian and the writer, but offers very litlte to the psychotherapist, or the student of psychiatric theory and practice. This reviewer admits that the gaps in his understanding of consciousness, and there are many, were left untouched by this book. This, however, may not be the experience of other readers.

LEON SALZMAN, M.D.

•

Sex and Morality: Abraham Kardiner; Bobbs-Merrill, Indianapolis, Ind., 1954. 266 pp. $3.00.

Here is another repercussion from the Kinsey reports. "Freud taught us the significance of sex in relation to human happiness; Kinsey has taught us that sex convention is one thing and practice another."

Anything from Dr. Kardiner will be read with interest and expectancy by those who are familiar with his professional career, for in addition to the practice of psychiatry he has been a real pioneer in the technically based enterprise of putting depth psychology to work as an analytical and descriptive method in anthropology. His two chief works, *The Individual and His Society* and *The Psychological Frontiers of Society,* are models of interdisciplinary inquiry.

In the present volume Dr. Kardiner has attempted to describe the reasons for our changing sexual *mores* in terms of a contemporary restatement of the concept of *tabu* which is a conceptual tool common to both psychoanalysis and cultural anthropology. In this way he examines the new sociocultural pressures on marriage and family institutions, on the rise of feminism in American life, the evidences of a flight from the role of masculinity in the emotions and behavior of many men. Even the effects of mass media of entertainment and information come in for some reference. Running a risk of oversimplification, it might be said that his conclusion is: There is always a tension between society's sexual regulation and the individual's sexual striving, and the family is still the best context in which to resolve the resulting conflict.

The Christian student of human behavior will have to take some issue with Kardiner at basic levels of their fore-science opinions, even though we profit from his learning and suggestive treatment. Being a non-theist, and a non-realist, Kardiner naturally and logically does his thinking with purely "relative" conceptions of truth and value. His only sanction for any moral

standard is, of course, prudential and expedient considerations; i.e., ultimately hedonism, even if enlightened self-interest induces him to hew to the line of hedonism's socially minded form, utiliarianism, or "the greatest good of the greatest number." There are no transcendent, transcultural loyalties, no obedience-norms beyond personal and social interest.

But this, after all, is the framework of ethical philosophy within which science is doing almost all of its work. And we in the churches, pastors and moralists, with our different presuppositions, still continue to dine sumptuously and profitably at the scientific table! We can be courteous and grateful to our host, even though he acknowledges gods that seem to us to be idols.

JOSEPH FLETCHER

•

General Psychology: Robert Edward Brennan; Macmillan Company, New York, 1952, revised edition. 509 pp. $4.75.

This volume, from the Visiting Professor of Psychology at the University of Montreal, is the revision of a work first published in 1937 and widely used in schools and colleges (mostly Roman Catholic) as a textbook in general psychology. The book, bearing the imprimatur of Archbishop Spellman, is a justification of the postulate that pyschology must be based on philosophy, in particular the philosophy of Thomas Aquinas. The work is both apologetic and empirical. Much of the material deals with a presentation of the scientific data in the field of general psychology: the structure and function of the nervous system; the sensations (smell, taste, hearing, sight, touch); the higher faculties (perception, imagination, memory); instincts; and emotions. The treatment of the intellectual life includes an analysis of the conceptual, judicial, and inferential processes plus chapters on motivation, volition, attention, association, action, habit, the ego, character, and the Thomistic interpretation of the "faculties." A section on the philosophy of the intellectual life, including the nature of volition and the nature, origin, and destiny of the human soul completes the work.

The conventional material in the field of general psychology, comprising about 40 per cent of the book is comprehensive, well organized, clearly presented and helpfully annotated with copious references to significant experiments. The treatments of motivation, volition, human action, and character, in contrast, are firmly tied to Thomistic philosophy and brought into no relation with the clinical material from depth psychology. Therapists will look askant at the teaching that mind and will "are the only true sources of control in the movements of instincts and appetites" (p.345); and dynamic psychologists will feel that a complex body of data has been ruled out of consideration by definition when they read that the "will-act" which gives birth to an "impulsion" is "always motivated by an idea, a judgment, or an inference" (p. 301) and that the first condition of motivation is that "the motive be clearly established in consciousness . . . Strictly speaking, then, there can be no such thing as unconscious motivation, or movements of will without previous apprehension of good" (p. 302).

The point of view in the book is more *essential* than *existential,* following the interest of Aquinas, who wanted to know how men behave "mainly

because this kind of knowledge gave him the clue to their nature and essence" (p.19) and "better acquaintance with our own nature can lead us to better acquaintance with God" (p. 4). General psychology, for Brennan, "seeks to determine the nature or essence of man" (p. 24).

Many readers will applaud the postulate that "psychology must be based on philosophy" (p. xv), but they will be cautious of the weasel words "based upon." Do they imply a cross fertilization in both directions? Are the generalizations of philosophy to be tested by the empirical data of psychology as consistently as the data of psychology are to be generalized philosophically? A satisfactory answer to these questions, in the opinion of this reviewer, would have to be fully affirmative, but Brennan offers us no such answer, despite an apparent offer to do so (p. 5). Psychology is empirically free only in part for the scientist "must never lose sight of the fact that his science of human nature is under the *control* of a higher form of knowledge which is the philosophy of human nature. Hence, the scientific psychologist should make it his duty to ascertain that none of his inferences regarding the behavior, properties, and accidents of man are in opposition to the established inferences of philosophic psychology. . . . It is not within (the scientist's) rights to challenge the findings of philosophic psychology when these latter are established, by proof, as true" (pp. 22-23, italics mine). In practice this probably means that the data of the laboratory or clinic are acceptable if they can be fitted into a previously "proved" theological position; it probably does not mean that the data of the clinic have any authority in the interpretation or modification of revelation.

EARL H. FURGESON

•

Eternal Hope: Emil Brunner; translated by Harold Knight; Westminster Press, Philadelphia, 1954. 232 pp. $3.50.

In this able translation of Emil Brunner's newest book, we have a volume which marks without any question a new development in Brunner's way of thinking and writing, as well as decisive contributions in the theological discussion about the Christian hope.

Emil Brunner, who sometimes in his larger and more systematic works becomes easily wooden and doctrinal, gives us here (as he did in *Our Faith)* a personal as well as theologically constructive evaluation of the Christian hope. It is certainly no coincidence that the book is dedicated to his two sons whom he lost. And one is led to believe that the author's own search for the meaning of the Christian hope was primarily born out of this personal experience and that he realized that if we have no real and constructive hope here and now, Christianity itself loses its whole meaning.

Perhaps the most decisive factor in Brunner's exposition lies exactly in his ability to show the present day meaning of the Christian hope and that we are not simply looking forward to something which is in itself vague and only to come, with the result that we have in Christianity nothing but abstract and speculative ideas about a strange eschatological construction. On the contrary, the Christian hope is based on the historical fact of God's redemptive deed in Jesus Christ and lies already behind us. Our life is based on God's making our salvation in Jesus Christ through the Holy Spirit real

in our personal life. Therefore when one speaks about the Christian hope, then this can only mean that the entire fulfillment and the unquestioned victory of God over all sin, death, and rebellion is guaranteed; and our whole life looks forward to this consummation of our personal life as well as our whole human history. Brunner has a special ability not only to put this into clear and persuasive language which can be understood and accepted by the theologians as well as interested laymen, but he also makes especially outstanding contributions by confronting this, our Christian hope, with all secular substitutes for real hope and all illusionary dreams and speculations which have no basis since they are not grounded on God's own creative, redemptive, and consuming activity.

One can easily say that, beside Reinhold Niebuhr's monumental evalution of the relationship between the Christian faith and history, Emil Brunner gives us in this short but clear and remarkable book inspiring indication in which direction our contemporaneous theological discussion must go if it is to be fruitful and constructive. It is our task as Christians to witness to the unique, realistic, and unshakable hope we have in Christ for us and the whole world. The vitality of modern Christianity stands and falls with this message.

HANS HOFMANN

•

The Root of the Matter: Margaret Isherwood; Harper Brothers, New York 1954. 238 pp. $3.00.

The author, an English educator, provides the reader with a thought-provoking reassessment of the methodology and function of religious education. Reading the book, one is reminded of the work of Sophia Fahs of our own country.

A strong case is made for translating the doctrines of the church into a present-day idiom, as well as expressing the desire that the teaching of the Church be enriched by all that is relevant and suggestive from modern psychology and education.

The book will be a challenge to some to re-examine their own views on the matter of "training for the life of the Spirit" in children and adults, while others will find it disturbing to their ideas as far as the "what and hows" of Christian education are concerned. As one example of the latter point, there are some who will argue that what is taught is as important as the attitude and spirit in which it is taught!

Miss Isherwood's book is well written, clearly organized, and contains an appreciative forward by Gerald Heard. One of the chief values of the work lies in its incorporation of a great variety of illustrations from the fields of psychology, science, literature, and art. The notes and suggested readings are provocative and they give recognition to both some important Eastern and Western religious and psychological writings that would be of interest and value to the pastor and religious educator.

M. DAVID RIGGS

Children's Sermons: Kenneth Brakeley Welles; Westminster Press, Philadelphia, 1954. 138 pp. $2.00.

A posthumous collection of fifty-eight sermons for children by a minister who served a couple of New England churches before his quarter-century in Westminister Church, Albany, New York. These talks have been edited by his former assistant, Dorothy B. Fritz, now an editor of children's material. Sections group the sermons under those for all occasions and for special days and seasons, those on worship and the church, with a few stories for informal occasions. The author, says the editor, was a genuine friend of children. Because he treated each child as a person, they often came to him for pastoral care. This warm personal relationship shines through the informal style of the sermons.

Mr. Welles was a person of humor and imagination. In most of the sermons he escaped the confusing type of fancy and the cute humor with which adults sometimes try to entertain children. He avoided in most the overdramatic and overhumorous element which make the youthful listeners fail to hear the point. In the best of the sermons, he introduces the point first, so that the children have time to recognize its truth. Sometimes the sermon is not a story but an engaging description of something in the church itself, from the minister's new robe or the thoughts of the baby who is being baptized to the voices of the church building on Easter and in these sermons the point is reverent and valuable.

An important contribution of such a collection as these sermons for children is that it will stimulate in the minister-reader the same spirit of communication with children and prepare him, as the editor says the author would have liked to have done, "to find out how much fun it is to make up your own."

BLANCHE CARRIER

•

Ways of Faith: John A. Hutchison and James A. Martin; Ronald Press, New York, 1953. 511 pp. $4.50.

This is a most valuable book. It is well planned, clearly written and excellently produced. It covers a wide range of subjects and yet is not superficial in its treatment. It seeks to be fair in its account of different faiths and yet it does not hesitate to make critical judgments. It justifies its title in that it provides a most helpful *introduction* to religion in its many forms and inspires the student to undertake a first-hand enquiry of his own.

The opening chapter asks the question "What is Religion?" and adopts as a formal answer "Religion is intimate and ultimate concern—convictions and activities dealing with the ultimate meaning of existence." This answer is kept in view throughout the book and made the basis of an impressive concluding chapter. The intervening chapters survey the religions of China, India, and Israel, Christianity both in its Catholic and Protestant forms, and certain modern systems of thought and practice. The authors never lose grip of their material; they keep an excellent balance between summaries and actual quotations; they give sufficient historical background while laying the greatest emphasis on ideas and beliefs. There is every reason to

think that their book should help the thoughtful reader to find or chart more clearly his own way of faith.

This kind of book, whose authors are well aware of modern developments in Christian theology and at the same time cognizant of the history of philosophy and its modern trends, is badly needed at the present time. And anyone looking for a clear and sympathetic account of the great religions of the East could not do better than turn to this volume.

F. W. DILLISTONE

■

Long Journey: H. K. Fink; Julian Press, New York, 1954. 292 pp. $3.95.

This book is truly a long and tedious journey. Pedro, the patient, and the author, spend 202 pages reiterating and describing *ad nauseum* the patient's diversified sexual interests and activities, which could be adequately described in two pages. The rest of the book could then have devoted itself to elaborating the character structure of this compulsively competitive individual who felt unacceptable as a man unless he was the best, the only, the omnipotent superman. Sex, although it engaged most of his interest, was only one of the techniques in his attempt to achieve this state. He says: " . . . my preoccupation with sex was to prove my manliness."

The problem of presenting a detailed case report which can sustain the interest and drama of an exciting novel while describing the process of psychotherapy, is yet unsolved. The narrative as unfolded by the patient is still one of the better methods. However, a strong editorial hand is necessary to control the repetitive descriptions essential to the psychotherapeutic process, but deadening to the reader. This is particularly true when the sexual exploits add nothing to the science of psychotherapy, and only serve to create a pornographic atmosphere in the account. There are many questionable assertions in the book as well, such as the diagnosis, where the author fails to distinguish phantasy from delusion, and consequently labels schizophrenia what may only be elements in a compulsive neurosis. What the author calls "severe psychosexual infantilism" is only a description of the varieties of manifestations of sex being used to overcome uncertainty and anxieties of one's acceptability.

Whatever benefit Pedro derived from his experience must have come from the warmth and acceptance in a mutual project and not from the interpretative skill or psychotherapeutic conceptions of the author.

LEON SALZMAN, M.D.

■

Marriage and the Family in American Culture: Andrew G. Cruxall and Francis E. Merrill; Prentice-Hall, New York, 1953. 587 pp. $7.65.

This volume is, in effect, a revision of the authors' original text published in 1947, entitled *The Family in American Culture.* The revisions, however (which bring the volume up to date with the added two new sections consisting of eight chapters), can properly give it the status of a new book.

Both authors are sociologists, and it is within that frame of reference

that the book has been written. For the advanced student there is not much that is new as it follows rather consistently the pattern of other writers in this field, but it does treat the subject in a highly readable and informative manner.

This reviewer had assumed the book to be a text on marriage and the family for students in the field of human relations, but it apparently has other aspirations because in the Preface the authors state their hope that "this volume will offer insight to those readers who will shortly marry." This reviewer does not share that optimism.

This book is highly informative. The material is well organized, and the style makes for smooth and easy reading. It is of value both as a text and as a source of reference. With the addition of the two sections which deal with courtship and marriage it will be of value to those concerned with marriage counseling, as a desirable addition to their libraries.

LESTER W. DEARBORN

•

Jesus and His Ministry: Wallace Eugene Rollins and Marion Benedict Rollins; Seabury Press, Greenwich, Conn., 1954. 299 pp. $4.00.

The dean emeritus of the Episcopal Theological Seminary in Alexandria, Virginia, and his wife, chairman of the department of religion in Sweet Briar College, have used the experience of a life-long study of the New Testament to produce in collaboration a Life of Christ which will rank high among those written in our generation. Their work is based upon the soundest and most recent scholarship; and yet the picture which they draw is constructive, positive, and inspiring. This book should prove a most helpful guide to a deeper and modern understanding of the Gospel records for clergy and laymen alike. To read it is to discover Jesus not only as a Leader of ancient history but also as our contemporary Friend and Lord.

HENRY M. SHIRES

•

Winning the Children: Gaines S. Dobbins; Broadman Press, Nashville, Tenn., 1953. 168 pp. $2.00.

The author is Dean of the School of Religious Education of the Southern Baptist Theological Seminary of Louisville, Kentucky. In this position he presumably has had a great deal of contact with ministers, teachers, and children of many religious backgrounds. With this as a reference, he is able to support his belief that the children of today are our greatest asset for the building of tomorrow's world. If we are to win these children for Christ, we must re-evaluate our work as religious teachers in the past and re-examine our aims for the future. We must confront the children with personal experience of, faith in, and commitment to Christ.

Dr. Dobbins gives a great deal of flavor to the book by starting each chapter with an appropriate poem and a story. He also gives several illustrations from his vast storehouse of experience with teachers and pupils in the religious field. His knowledge of the problem child, who seems to be the greatest challenge to our evangelistic efforts, is thorough and heartening.

As might be supposed, however, much of the approach to the evangelization of children is from the fundamentalist side, and many readers from more liberal and more catholic churches will be disappointed in having their many efforts on behalf of the child's religion either slighted or passed over lightly. While we will readily admit that infant baptism has not always resulted in winning the child to Christ, it has not been because of the failure of God, but because of the failure of men to live up to their Christian responsibility to mention only one example. We must admit that the methods advocated by Dr. Dobbins are bearing fruit in many fundamentalistic churches throughout our land, that young people are responding to the "old time religion," that Billy Graham has made many converts among the youth of our country. Some of the warmth and sincerity and Christian love which characterize their approach to the child could well be embraced by more staid churches in which the children are "seen but not heard."

JOHN MURRAY BALCOM

•

Diary of a Self-Made Convict: Alfred Hassler; Regnery, Chicago, 1954. 182 pp. $3.00.

The author was sentenced in Federal Court, June 1944 as a "CO." He was the literature secretary of the Fellowship of Reconciliation and Managing Editor of its magazine, *Fellowship*. He served approximately nine months of this sentence in the U. S. Penitentiary, Lewisburg, Pa. The book is a rambling account of some of the things that happened to him while serving this sentence.

One cannot help but wonder why the book was ever written, especially at such a late date—i. e., nine years after his release. Surely any man with the background of the author must have seen more, learned more and could have philosophized more adequately than he has recorded in this little book. It frankly has little appeal to anyone who has had actual experience in penal institutions. If the book was written to show that prison experience does not accomplish much constructively for those who are serving a sentence, this is not new nor startling to prison employees and administrators. If the book was intended to arouse public interest, it is predicted it will fall short of the mark.

This reviewer's disappointment after reading the book is obvious. He deliberately delayed the review, hoping for more perspective and objectivity. This effort, however, only strengthened the original criticisms.

HENRY H. CASSLER

•

The Religion of a Sound Mind: R. Lofton Hudson; Broadman Press, Nashville, Tenn., 1949. 117 pp. $1.50.

The purpose of the book is to point out the application of the Christian faith to everyday problems. To this end the author collected his sermons into a volume dealing with subjects such as, "How to Keep From Worrying," "Humility," "Jealousy," "Anger," etc. While the problems are well

presented, it is the opinion of the reviewer that the solutions offered are not deep enough to answer the basic question "how?"

This book will not add much to the thinking minister; it might at best restate some of the problems of the present day which confront the person in the pew. It will also rehash the answer, but it is doubtful that it will contribute any new or valuable insight into the stated problems. From the author's viewpoint all the problems are spiritual and the answers are thus necessarily the same. This book is excellent for the minister who feels that his people's difficulties can be so cataloged; to such a minister the book can serve as a reference and the basis for many a sermon. On the other hand, for the clergyman who finds his pastoral problems cannot be spelled out by reference to a particular parable, teaching of Christ or scriptural reference, and the answer found in the same manner, this book will add little to what he already knows.

THOMAS J. RICHTER

•

How to Plan a Rural Church Program: Calvin Schnucker; Westminster Press, Philadelphia, 1954. 158 pp. $2.50.

This book deals largely with the techniques of analysis of church, family, and community life and the use of findings from such analysis in the development of a program for the church in rural areas. For those clergy interested in the latest methods of making community and church studies, it would be a helpful book. Research material comes from a long period of study on the part of the author who is now head of the Department of Rural Church Life at the Theological Seminary in the University of Dubuque in Iowa. The locale for his research is largely in Iowa and Wisconsin. The most helpful sections of the book are those dealing with the area of inter-church cooperation to provide an adequate ministry to small communities. Those considering the possibility of developing a greater inter-denomination parish might well be helped by this book.

While this reviewer would agree with the essential need for all clergy serving in rural areas to know thoroughly their communities and to be equipped with the latest methods of gaining information, he does feel that this book would seem to direct the energies of the church toward what the community wants rather than toward its spiritual needs. The great need of the rural church to develop the kind of Christian fellowship which is attractive and powerful because it is Christian, which is a great opportunity in the rural church, does not seem somehow very strongly presented.

The emphasis of the book is, as indicated in the title, on program development. For those interested in planning, it has a real value, particularly on the inter-denominational level.

NORMAN L. FOOTE

•

Taproots for Tall Souls: R. Lofton Hudson; Broadman Press, Nashville, Tenn., 1954. 148 pp. $2.00.

Dr. Hudson has given a practical interpretation of some of the truths

of the science of psychiatry in the light of the New Testament. This is done without dependence upon technical terms. In fact, he gives the meaning of many popular psychological expressions, which are quite in vogue in modern society, in a "down to earth" but classical manner. This book provides an answer to the problem of how to harmonize the new psychological finding with Christianity. The problem is approached from a conservative point of view, in a readable style and with a devotional emphasis. The fundamental ideas of internal forces and stresses such as instincts, conscience, personal maladjustments, human relations, personality growth and development are discussed in the light of Scripture. The author is helpful in bringing a corrective focus to some of the ideas now stressed in popular religious counseling. Pastors should find this book personally helpful as well as a well-spring for thought starters in sermon preparation.

JACK WILLIAM HAYES

•

The Septuagint Bible: translated by Charles Thomson and edited, revised and enlarged by C. A. Muses; Falcon's Wing Press, Indian Hills, Colorado, 1954. 1426 pp. $6.50.

For several centuries before the time of Jesus the Hebrew Old Testament was being translated into Greek by the Hellenized Jews of Alexandria. That translation, known as the Septuagint (LXX), may in many instances witness to a Hebrew text which is older than that of any extant Hebrew MSS. The Septuagint was the Old Testament read, used, and quoted in the New Testament by the early Christians; and it is still the Old Testament of the Greek Orthodox Church. A translation of the Septuagint into English by Charles Thomson, secretary of the Continental Congress, was published in Philadelphia in 1808; but it has been unobtainable for a long time. C. A. Muses has now edited and revised Thomson's work. A translation of those portions of the Septuagint which are not paralleled in the Hebrew Old Testament and which are known to us as the Books of the Apocrypha is not included, but anyone interested in Christian origins and early Church life, and who is not able to read Greek, will find in this edition of *The Septuagint Bible* a most satisfactory means of becoming directly acquainted with that version of the Old Testament which provided one of the foundations of the New Testament.

HENRY MILLIS SHIRES

•

Early Christianity: Burton Scott Easton, edited by Frederick C. Grant; Seabury Press, Greenwich, Conn., 1954. 158 pp. $3.50.

One of the best-known works of the late B. S. Easton, *The Purpose of Acts* (which had been out of print for some years), is now made available again along with three of the author's stimulating New Testament essays. Professor Grant has written a valuable introductory chapter on the career and manifold contributions of Dr. Easton to the field of Biblical scholarship.

Seen through Easton's eyes, the Book of Acts takes on new meaning and provides a vivid picture of the life of the earliest Christian communities which is highly relevant to the life of the Church today. The debt of the

primitive Church to Judaism in the areas of government, faith, and practice is carefully considered; but we never lose sight of the fact that early Christianity was marked by vitality and variety of interpretation. According to Dr. Easton, "no system of theology that pleads for complete uniformity of Christian thinking can claim to be the faith which was once for all delivered to the saints." The reader will take heart, therefore, in the fact that in so far as we are able to transcend our many ecclesiastical divisions in a common and complete loyalty to Jesus Christ we are faithful to the Church of Peter, James, and Paul.

HENRY MILLIS SHIRES

Hugh Roy Cullen: Ed Kilman and Theon Wright; Prentice-Hall, New York, 1954. 376 pp. $4.00.

Students of personality will find this biography a rich source of material illustrating significant encounters between free will and the conditioning influence of environmental factors. It is a powerful testimony of the incredible endurance and power of rugged individualism.

ROLLIN J. FAIRBANKS

OUR REVIEWERS

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CURRENT PERIODICAL LITERATURE

Edited by The Rev. Joseph F. Fletcher

"Primary Love in Therapy," by Gerhart Witt, *Psychoanalysis,* Fall, 1954, Vol. 3, No. 1, pp. 65-73.

Man is good. Therapeutic work and experience show it. In the treatment session hate and aggression are secondary and can be eradicated; the primary psychic condition is positive. Human affective relations are basically always positive. Failure in relations turns them to negative. Man's capacity for affective relations extends beyond other human beings to things both natural and created, to landscapes and paintings of landscapes, and the like; and to institutions and ideas. The first and fundamental relationship, however, is between one person and another; like the mother-child nexus, at once physical and psychic. The primary love situation is one of wanting love, a simple, open, direct wish. The secondary love situation is one which develops where direct love is denied, and some other less satisfactory settlement is accepted. The therapist's task is to clear the original "primary love" of its secondary disguises and modifiers, to establish it in its naked simplicity. [This reminds us of the radical theories lately advanced by Dr. Rosen as "direct therapy." J.F.] It is the fact of not being loved that is important. Love is a state of satisfaction, not only for grown persons but for babies, embryos, animals, plants, down to "the most primitive one-cell living organism that has a love relation to the surrounding fluid substance." For the adult this is a psychic-physical state of community or fellowship with the other person, its culminating point being union in orgasm. ("What Freud calls sexuality is only part of it. The psychic feeling is perhaps a much more important part . . . Sexual wishes are by no means always present, as for instance after an orgasm or other satisfaction, but the love wish and the readiness for love are always there.") In the treatment situation it is dangerous to use professional terms. The analysand will think that you are more interested in your clever scientific thinking than in him; more in your theoretical structure than in the patient himself. For example, "I no longer see 'masochism,' but only shyness and anxiety and the hopelessness of ever being properly and fully loved." The child's wish is never merely oral. It is a wish to be loved, according to circumstances of age and the like. "It is never merely oral, or anal, or genital, or any of their subtly discovered divisions and subdivisions. Who knows what the anal and oral instinct is? Yet we know and feel the nearest wish. The interpretation of symbols does not help either in the very least. If anything, it harms." Even the shyest of schizoids responds if we behave positively. The "pure mirror" is an impossible and bloodless construction. Nor will "dangerous ties" result. "Listen to the soul." Thus you can come to learn how to track down the primary. Liberation of the patient for genuine primary love takes place not through interpretation but through addressing the person himself. "This therapy might be called the liberation of the love capacity." [Dr. Witt trained under Bonhoefer and Kraepelin, was later a member of the Berlin Psychoan-

alytic Institute. He came to America in 1940, died recently, and the material above abstracts a part of his "journal of psychotherapeutic technique." He realized he had departed from the classical analytic approach. J.F.]

J. F.

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"The Psychological Role of the Father in the Family," by O. Spurgeon English, M.D., *Social Casework,* Oct., 1954, Vol. 35, No. 8, pp. 323-329.

The father's role in society has never been much understood, in relation to child nurture. He has been thought of as a breadwinner, rather remote. Life in cities, combined with inexpensive competitive commercial entertainment, radio and television, easy travel and high mobility, has fragmented the family unit of the rural past. How can Father, now the commuter, re-enter the picture of family living and psychological influence on personality-structuring? Maids and mother's helpers are not *emotionally* adequate substitutes for Father's share in the family's chores. He is needed as a husband, to provide the love and affection that the mother requires if she is to pass on a sense of security to her children. He is needed as a parent, to "animate the mind" of his small children toward the male sex along heterosexually healthy lines, for boys and girls get their most formative ideas of masculinity from their fathers. This is a decisive role when the children are between three and seven because this is when they are differentiating (oedipus complex) between masculine and feminine traits and incorporating them into their personalities. Again, he is needed as a counselor, especially for his small son who is otherwise woman-smothered by both "mom" and teachers. Modern fathers, for their posterity's sake, are going to have to learn a lot about child care and nurture, parenthood, schooling, and psychology, and then practice it! As things have been going we have produced "lopsided personalities." Let fathers undertake such variants in their accustomed role as (1) companion and inspiration for mother, (2) awakener of the emotional potentials of his child, (3) beloved friend and teacher, (4) ego ideal for masculine love, ethics, morality, (5) model for social and vocational behavior, (6) stabilizing influence for solution of oedipus complex, (7) protector, mentor, and hero for grade-school child, (8) counselor and friend for the adolescent. Men must soon wake up to the necessity of their developing our human resources as well as our material resources. Of our "natural resources" the human are more valuable than the material. Fathers must begin to think in such terms.

J. F.

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"There IS Prenatal Influence," by Ashley Montagu and Gertrude Schweitzer, *Child-Family Digest* (reprinted from *Ladies Home Journal),* June, 1954, Vol. 10, No. 6, pp. 23-34.

Mrs. Andrews' baby was born neurotic. There was no record of neurosis in either parent's family, so it was not heredity. The evidence indicates it happened in the eighth month of pregnancy, when Mrs. Andrews was grief-shocked by her husband's death in an auto accident. Many "old wives' tales" about prenatal influence were intuitively close to the mark. Recent research challenges the earlier idea of scientists that the fetus lives in an insulated, nirvanalike existence in the womb. Emotional distress in pregnant

mothers can be related to gastrointestinal disturbances, increased heart rates, respiratory changes, etc. One eminent gynecologist has spoken to the A.M.A. of "a neurotic fetus with predisposition for a wide variety of psychosomatic diseases." We now have evidence that prenatal maternal conditions, emotionally, can (not "always will") affect the baby emotionally. This is no cause for anxiety; knowledge is always power. The means of influence is a combination of nervous and humoral mechanisms producing endocrine substances in the blood stream into the fetal body, so that even shock can be passed from mother to child. It has been shown experimentally that a fetus in the last three months may respond to sounds outside the mother's body. Thus physical as well as emotional forces have their influence, too. Prospective mothers are told to have a diet rich in calcium, phosphorus, vitamins B, C and D, but how many husbands are told to give their wives massive doses of love? Yet the best nutrition may fail if the mother is emotionally starved or underfed, and she must actively love as well as be loved. Here, as in all areas, love is the best insurance for healthy growth. Old wives' tales about the ill effects of drugs, smoking especially, on unborn babies now have scientific support. Also, the notion that peculiar cravings for certain foods may be bad for the baby has been confirmed; allergies often result in the baby to things eaten in excess by a pregnant mother. The optimal period for child-bearing seems to be from 23 to 29 years of age, but this is only a statistical finding. Birth trauma, if not too prolonged, is normal; it is an anxiety-producing experience in a hitherto uneventful existence, and anxiety is a needed warning-device in a wholesome, self-protecting personality.

J. F.

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"Anxiety vs. Immaturity in Neurosis and Its Treatment," by E. J. Shoben, *American Journal of Orthopsychiatry,* Jan., 1955, Vol. 25, No. 1, pp. 71-80.

Taking issue with O. H. Mowrer's theory that immaturity is the heart of neurosis, the author attributes it to anxiety primarily. Noting that thoughtful men are beginning to see that the psychotherapeutic problem shades into the moral or ethical, he asserts bluntly (and thus far in agreement with Mowrer) that "neurosis is a moral disorder" and that "its treatment involves the modification of the patient's moral values and his morally evaluated behavior." He cautions that to recognize the moral aspect of neurotic disturbance does *not* mean that the therapist becomes "moralistic" or exhortative. Since a theory of neurosis is needed in any rational approach to its treatment, he traces it to the dependent child's affective reactions to other people and their attitudes, and the anxiety which is produced by the fear of losing approval and of receiving punishment or rejection. The patient gains some relief from this anxiety or anticipatory guilt by repression, at the expense of his ability to "label" his own deeds and impulses honestly and justly. This leads to greater guilt and anxiety, "dread" or "fear of nothing," in a vicious cycle of neurotic involvement. The neurotic becomes deceptive and dishonest with himself and with his fellows. If the notion that anxiety is the core phenomenon in neurosis is correct, then it follows that the first therapeutic task is to eliminate or reduce the anxiety. At first the neurotic patient utilizes all the deceptive strategies in his pathological armory, but the therapist will "refuse to be taken in" and will label them "for what they

are without condemning the person using them." Eventually, with repressions exposed and discarded, the patient becomes more honest. The therapist is to help him ascertain his own moral standards, not to take over the therapist's. The author favors the treatment relationship in which the therapist "loves" his patient; yet not in a protective, indulgent, or excusing way, but in the New Testament sense "of being deeply *concerned* about another person, of being *nonretaliatory* in dealing with another, and of being scrupulously *honest* in one's relation." (Feelings of affection or even a desire for the patient's friendship might be actually antitherapeutic.)

J. F.

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"The Pastor as a Marriage Counselor," by Wayne E. Oates. *Marriage and Family Living*, Feb., 1955, Vol. 17, No. 1, pp. 62-67.

The pastor learns a lot from other professions but his role is unique. Unlike secular marriage counselors, the pastor is socially, personally, and parochially related to most of his counselees; he has many non-professional involvements or precounseling relationships. People therefore often come as "a last resort" and too late, perhaps because (1) the pastor is a friend they hesitate to shock or distress, (2) they feel he is "too good" to understand, (3) they want a more anonymous counselor, not an "every Sunday" associate. It is also often found that (*a*) the pastor's claims for the power of faith seem to imply a lack of faith in those who have to seek help from others, and (*b*) the "respectability-demand" of the more established denominations discourages any grasp of the truth that the church is ideally a society of sinners who know themselves to be such. Unlike institutional chaplains a pastor has to counsel people within, not apart from, the whole family unit to which he is ministering. Finally, he cannot select his counselees: he is more like the "company doctor" or a group-practice physician than a "shingle" doctor on a fee-for-service basis! Neither can he "discharge" his counselees; he has to go on living with them. For marriage counseling in these times there is much available reading, and several programs of "in-training" on released time to which he can turn for skill and guidance. The untrained pastor is prone to six errors: (1) to quote the parties involved and get mired in "he-said, she-said, I-said," (2) to feel compelled to succeed, either being so anxious that the couple are relieved of their responsibility or panicked into hasty decisions, (3) to fall into "a hedonism" that makes religion a means rather than an end in itself ("marital happiness at any price is a form of idolatry of the hearthstone"), (4) to give up or reject people when the marriage counseling has failed, (5) to resort to "quickie" diagnoses, thus focusing on *a part* of the whole trouble (for example, sexual adjustment), (6) to take sides and give "closed-end" advice, sealing off insight, communication and relationship. To fulfill his role rightly the pastor should aim at three objectives: (*a*) to establish a teaching relationship with parish and counselees, permissive and non-judgmental, (*b*) to carry on steadily with the active theology of reconciliation which otherwise gets hidden under fixed dogma, (*c*) to help counselees gain insight, which must be developed from within, to strengthen their marriage. He depends upon the processes of self-revelation rather than exhortation or advice.

J. F.

NOTES AND COMMENTS

The Institute of Pastoral Care, Inc., held its Tenth Anniversary Celebration at Temple Ohabei Shalom in Brookline, Massachusetts, on May 22. The Institute is a non-sectarian educational foundation which, under a Board of Governors, sponsors summer schools of pastoral care and this *Journal.* The program of the anniversary celebration dealt with the question, "What have you a right to expect of your minister?" Speakers included Professor Joseph F. Fletcher, the Rev. Theodore P. Ferris, Professor S. Paul Schilling, and Dr. Abraham Franzblau. More than 135 clergymen and laymen attended.

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The second annual Edward F. Gallahue Seminar on Religion and Psychiatry, was held at The Menninger Foundation March 23 and 24. It considered the subject of freedom. Thirty-two professional persons, including clergymen of the Jewish, Catholic, and Protestant faiths, psychiatrists, psychoanalysts, and psychologists participated, with Dr. Karl Menninger serving as chairman.

The focus of discussion was on the question, "What is the nature of, and the necessary limitations to, the control which people have over their behavior and feelings?" No general agreements were sought or reached, but at the conclusion of the meeting the participants agreed that the variety of opinions and experiences shared helped all who took part to clarify their own understanding more than would have been possible if smaller segments of the group had met separately. The participants agreed that they felt their subsequent work with people would be enriched by a better understanding of the views of others on the matters discussed.

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The Rev. Frederick C. Kuether, formerly Executive Director of the Council for Clinical Training and Business Manager of the *Journal,* is now Associate Director of Training at the American Foundation of Religion and Psychiatry, 3 West 29th Street, New York 1.

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Are You Falling in Love With a Roman Catholic? is an excellent 8-page folder written by Harry H. Kruener and published by Whittemore Associates, Ashburton Place, Boston 8, Massachusetts. Although the author is a Protestant, the presentation is reasonably fair, realistically presented, direct and simple. The cost is 40 cents per dozen copies and $2.50 per hundred.

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The Fourth Annual Summer Seminar on Pastoral Care, sponsored by the American Foundation of Religion and Psychiatry in cooperation with the Religio-Psychiatric Clinic of the Marble Collegiate Church, was held at Union Theological Seminary in New York City May 31 through June 3. The program included seminars, lectures, and workshops.

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A Workshop on Pastoral Counseling for pastors desiring to improve their understanding of and helpfulness to persons was held at Garrett Biblical Institute, Evanston, Illinois, June 20-July 15.